



Kingston City Council

2016 Health and Wellbeing Survey

September 2016

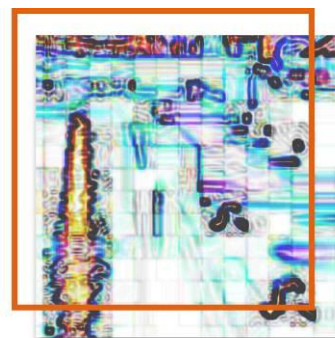
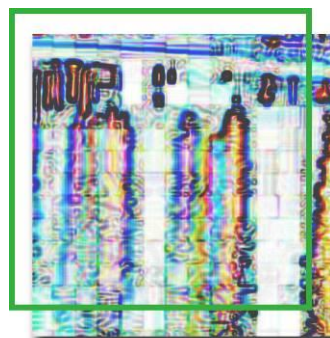


Prepared By:

Metropolis Research Pty Ltd
ABN 39 083 090 993

Prepared For:

Community Engagement
Kingston City Council





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Contact details

This report was prepared by Metropolis Research Pty Ltd on behalf of the Kingston City Council. For more information, please contact:

Dale Hubner

Managing Director
Metropolis Research Pty Ltd

Level 1, 74 Victoria Street
Carlton Vic 3053

(03) 9272 4600
d.hubner@metropolis-research.com

Jihan Wassef

Team Leader
Community Engagement
Kingston City Council
PO Box 1000
Mentone Vic 3194

(03) 9581 4546
Jihan.Wassef@kingston.vic.gov.au





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Introduction

Metropolis Research was commissioned by the City of Kingston’s Community Engagement Team to undertake its second Health and Well-Being survey of residents from across the municipality.

The survey was based closely on the survey conducted in 2012, for the purpose of providing time-series results exploring the changing health and well-being profile of the Kingston community between 2012 and 2016.

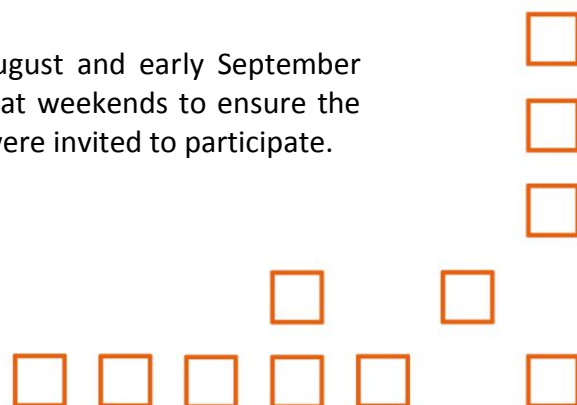
The survey aims to explore a range of issues around community health and well-being and specifically explores the following issues:

- ⊗ **General health** – including the extent of moderate physical activity undertaken, respondents’ smoker status, and the consumption of fresh fruit and vegetables.
- ⊗ **Perception of health** – including physical health, mental health, and changing health and wellbeing.
- ⊗ **Safety** – including the perception of safety in eight locations and situations including during the day and at night.
- ⊗ **Agreement with selected aspects of health, wellbeing and the sense of community** – including agreement with twenty-four statements related to aspects of lifestyle, health, gambling, community, and access to services and facilities.
- ⊗ **Local community involvement** – including active participation in clubs and community groups, volunteering regularly, and access to emergency funds.
- ⊗ **Built environment** – including visiting local parks, gardens and open spaces, walking or cycling to local shops and facilities, and improvements to the local area to improve health and well-being.
- ⊗ **Respondent profile** – including age, gender, language spoken at home, disability, employment status, household structure, housing situation, and period of residence.
- ⊗ **General comments.**

Methodology and response rate

The *Kingston City Council – 2016 Health and Well-Being Survey* was conducted as a face-to-face interview style survey of approximately ten to fifteen minutes duration, conducted at the door of residential properties located within the City of Kingston.

All surveys were conducted over five weekends in August and early September 2016. They were all conducted during daylight hours at weekends to ensure the best opportunity for all residents to participate if they were invited to participate.



The sample was drawn in approximately equal numbers from each of the twenty suburbs comprising the City of Kingston (as outlined in the following section). The sample was then weighted by suburb population to ensure that each suburb / precinct contributed the correct proportion to the overall results, based on the *2011 Census of Population & Housing*, as outlined in the Council's *Community Profile* prepared by i.d Consulting.

A total of approximately 3,864 households were approached to participate in the survey. Of these households, 2,073 were unattended when approached, were therefore not invited to participate, and played no further part in the research. A total of 1,310 refused the offer to participate in the research and five hundred completed the survey.

This provides a response rate of 27.6%, which is measurably lower than the unusually high response rate of 58.1% recorded in the telephone survey conducted in 2012.

Metropolis Research does note that the change in methodology from a telephone survey to a face-to-face survey may have had an impact on some of the results, most likely accentuating the positive results marginally. This results from the potential for individuals to give what they may consider to be a more positive result when asked in person than they may when provided a more anonymous method of answering. The difference between telephone and face-to-face is likely to be very small if at all, as it is more pronounced when comparing interview style surveys with self-completion surveys.

Statistical strength

The margin of error of the municipal results presented in this report is plus or minus 4.3%, at the fifty percent level. In other words, if a yes / no question asked of the entire sample of five hundred respondents were to obtain a result of fifty percent yes, it is 95% certain that the true value of this result is within the range of 45.7% and 54.3%.

This is based on a total sample size of five hundred respondents, and an underlying population of the City of Kingston of 142,450.

The margin of error increases as the sample size decreases, such as for the regional results, and the breakdown of results for individual age groups, genders, and other sub-groupings for which results are provided. Each separate result has a different margin of error based on its unique sample size and the actual result.

By way of a guide, the margin of error is approximately 8.7% for the region level results, and in the order of 6.5% for the gender breakdown results. The margin of error for the age structure breakdown of results is in the order of approximately ten percent.

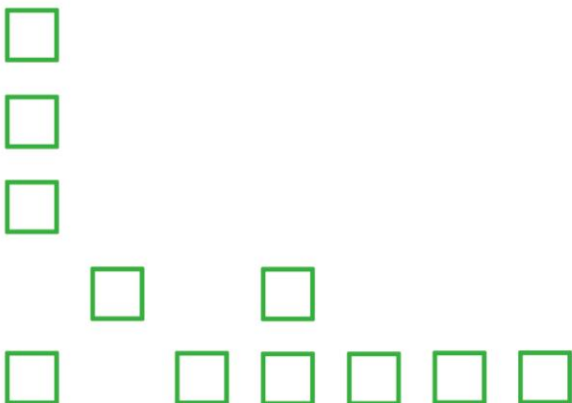
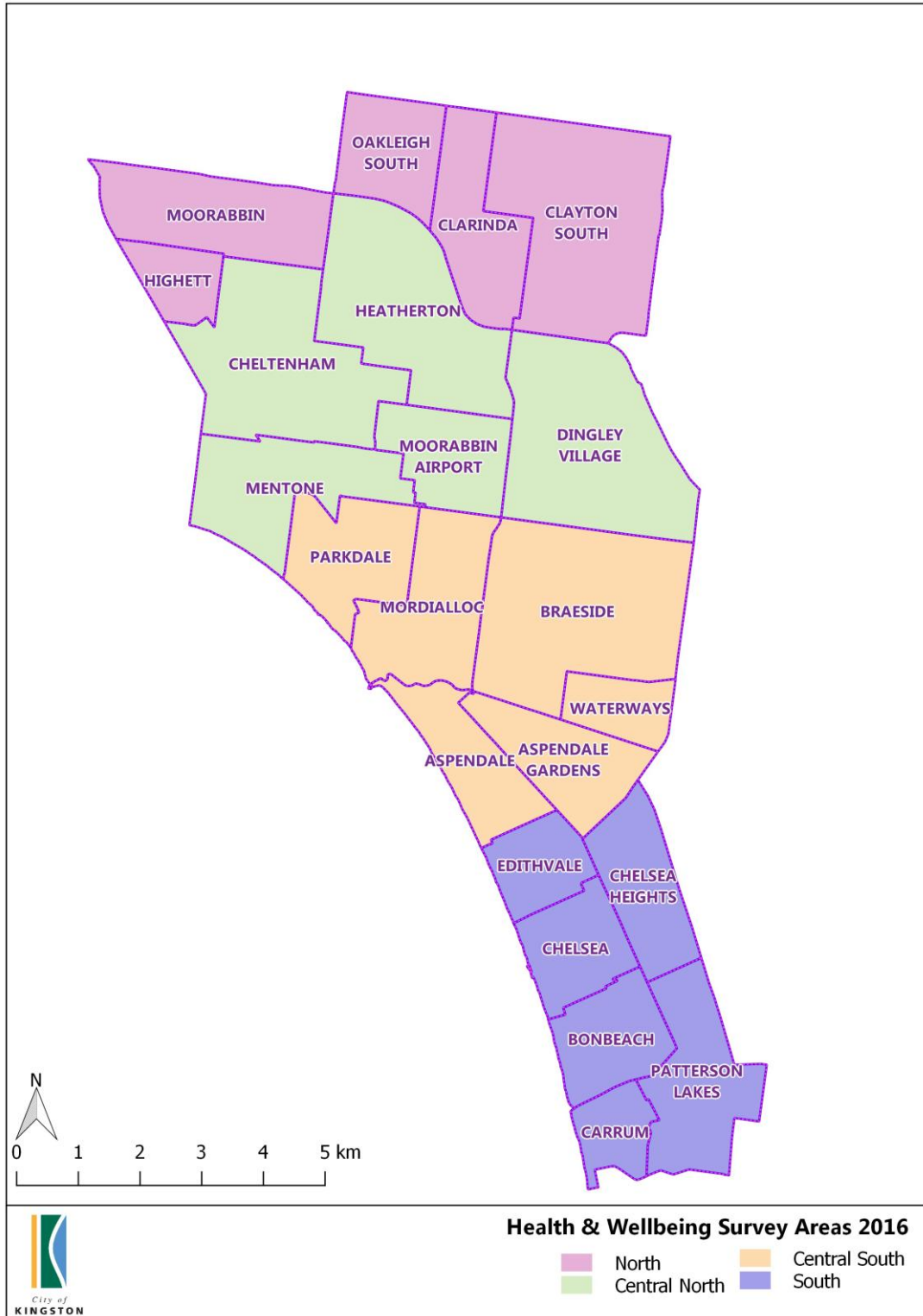
Regions

At the request of Council officers, this report includes a breakdown of the results into four regions. These regions are based on the suburb areas as used in Council's *Community Profile*. The municipal results have been weighted by the suburb populations, to ensure that each suburb contributes proportionally to the municipal result.

Region breakdown
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of total respondents)

Region	Suburb	Sample size	
		Number	Percent
North	Clarinda	26	5.2%
	Clayton South	41	8.2%
	Moorabbin	19	3.8%
	Oakleigh South	15	3.0%
	Highett	11	2.2%
	Total	111	22.2%
Central North	Dingley Village	36	7.2%
	Heatherton	10	2.0%
	Cheltenham	61	12.2%
	Mentone - Moorabbin Airport	41	8.2%
	Total	147	29.4%
Central South	Parkdale	39	7.8%
	Mordialloc - Braeside	27	5.4%
	Waterways	8	1.6%
	Aspendale	23	4.6%
	Aspendale Gardens	23	4.6%
	Total	120	24.0%
South	Edithvale	19	3.8%
	Chelsea	25	5.0%
	Chelsea Heights	18	3.6%
	Bon Beach	20	4.0%
	Patterson Lakes	27	5.4%
	Carrum	13	2.6%
	Total	122	24.4%
Total respondents		500	100%

(* based on Kingston Council's Community Profile, produced by i.d consulting)



Glossary of terms

Measurable

A measurable difference is one where the difference between or change in results is sufficiently large to ensure that they are in fact different results, i.e. the difference is statistically significant. This is due to the fact that survey results are subject to a margin of error or an area of uncertainty. For the municipal results presented in this report, measurable differences are those of more than 4.3%.

Statistically significant

Statistically significant is the technical term for a measurable difference as described above. The term “statistically significant” and the alternative term “measurable” describe a quantifiable change or difference between results. They do not describe or define whether the result or change is of a sufficient magnitude to be important in the evaluation of performance or the development of policy and service delivery. For the municipal results presented in this report, measurable differences are those of more than 4.3%.

Significant result

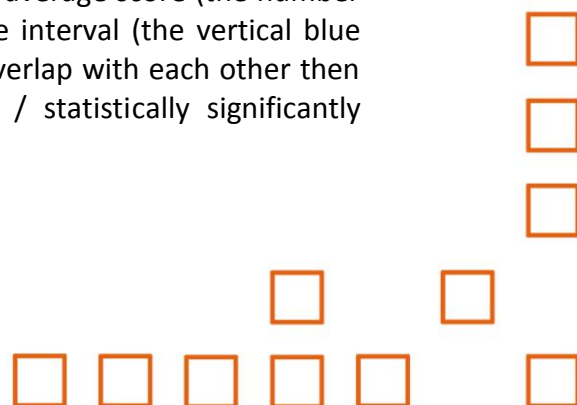
Metropolis Research uses the term *significant result* to describe a change or difference between results that Metropolis Research believes to be of sufficient magnitude that they may impact on relevant aspects of policy development, service delivery and the evaluation of performance and are therefore identified and noted as significant or important.

Discernible / observed / notable / considerable / somewhat

Metropolis Research will describe some results or changes in results as being discernible, observable or notable or a range of other subjective terms. These are not statistical terms rather they are subjective and interpretive. They are used to draw attention to results that may be of interest or relevance to policy development and service delivery. These terms are often used for results that may not be statistically significant due to a sample size or other factors, but which may none-the-less provide some valuable insight.

Confidence interval graphs

A number of the graphs included in this report provide comparison of average agreement with statements. These graphs provide the average score (the number in the blue box), and also provide the 95% confidence interval (the vertical blue bar) for each average score. If the blue vertical bars overlap with each other then the results cannot be considered to be measurably / statistically significantly different.





Executive summary



This report explores the health and wellbeing profile of the Kingston community, with a focus on exploring changes in the profile between 2012 and 2016.

The 2016 survey included a total municipal sample of five hundred respondents, and an average of approximately 125 respondents in each of the four regions comprising the City of Kingston.

The survey was conducted in 2012 as a telephone interview survey, however in 2016 this was changed and the survey was conducted as a door-to-door, interview style survey. The change in methodology was undertaken to improve how well the demographic profile of the respondents reflected the underlying population of the City of Kingston. The change in methodology should be borne in mind when examining the change over time.

The following section outlines the measurable (statistically significant) changes in results between 2012 and 2016.

- ⊗ **Consumption of fresh fruit** – there was a measurable (up 6.9%) increase in the proportion of respondents consuming at least two serves of fresh fruit per day.
- ⊗ **Consumption of vegetables** – there was a measurable (up 9.9%) increase in the proportion of respondents consuming at least five serves of vegetables per day.
- ⊗ **Changing health and wellbeing** – there was a measurable (up 10.2%) increase in the proportion of respondents that considered that their health and wellbeing was getting better or much better.
- ⊗ **Perception of safety** –
 - There was a measurable improvement in the average agreement (on a scale from zero (strongly disagree) to ten (strongly agree)) that respondents feel safe in the following situations:
 - At public transport locations (up 1.32)
 - At the foreshore, parks, and reserves at night (up 0.96)
 - In industrial precincts (up 0.62)
 - Walking in the local area at night (up 0.39).
 - There was a measurable deterioration in the average agreement that respondents feel safe at shopping centres (down 0.31).



⊗ **Family violence** – there was a measurable deterioration in the proportion of respondents considering that the following actions were always acts of family violence:

- A family member preventing another for worshipping in their desired faith (down 9.1%).
- A family member controlling where another goes or who they see (down 6.9%).
- A family member forcing another to engage in sexual activities against their will (down 6.2%).
- A family member checking up on another by following them or constantly calling or texting them resulting in them feeling distressed or fearful (down 5.9%).
- A family member repeatedly calling another member names or putting them down (down 5.7%).

⊗ **Lifestyle related statements**

- There was a measurable improvement in the average agreement that “I play an active role in my community” (up 0.96).
- There was a measurable deterioration in the average agreement that “I sometimes feel isolated and out of contact with other people” (up 0.83).

⊗ **Health related statements**

- There was a measurable improvement in the average agreement that:
 - I am exposed to smoky environments at least once a week (down 0.79)
 - Illegal drugs have a negative impact on my household (down 0.65).
 - Alcohol consumption has a negative impact on my household (down 0.58)
- There was a measurable deterioration in the average agreement that “I feel confident I know how to protect myself against sexually transmitted diseases” (down 0.56).

⊗ **Gambling related statements** – there was a measurable improvement in the average agreement that:

- Online gambling has a negative impact on my household (down 0.63).
- Other forms of gambling have a negative impact on my household (down 0.62).
- Pokies have a negative impact on my household (down 0.60).

⊗ **Community related statements** – there was a measurable improvement in the average agreement that:

- There are opportunities to have a real say on issues that are important to me (up 0.85).
- I like the look and feel of my local area (up 0.48).
- I feel a strong sense of belonging to a community (up 0.37).





- ⊗ **Services and facilities related statements** – there was a measurable improvement in the average agreement with the following statements:
 - It's easy to find out what services are available residents in local area (up 0.77).
 - I have access to mental health services in my local area (up 0.69).
 - There are adequate community services available in the local area (up 0.54).
 - I have access to fresh and affordable food to meet my household's needs (up 0.47)
 - I am satisfied with the quality of parks, playgrounds and open spaces in my local area (up 0.40)
 - I have access to other medical / health services in my local area (up 0.38).

- ⊗ **Active member of a club or community group** – there was a measurable (down 9.1%) decline in the proportion of respondents that were active members of a club or a community group.

- ⊗ **Visiting parks, gardens, and reserves** – there was a marginal (but not measurable) decline in the proportion of respondents visiting parks, gardens, and reserves at all, and a measurable (down 15.6%) decline in the proportion visiting “regularly”.

- ⊗ **Walking / cycling to local shops and facilities** – there was a measurable (down 4.8%) decline in the proportion of respondents walking or cycling to local shops and facilities.



Summary of results

The following section provides a summary of the municipal level results for each of the questions included in the *Kingston City Council – 2016 Health and Well-being Survey*.

General health

- ⊗ **Physical activity** – a little more than one-quarter (26.8%) of respondents reported doing a sufficient level of physical activity (thirty minutes or more of moderate physical activity five times or more per week), a little more than two-thirds (65.1%) were doing an insufficient level, and eight percent were sedentary.
- ⊗ **Smoking** – the proportion of respondents identifying as a current smoker declined between 2012 and 2016, down from 14.1% in 2012 to 12.5% in 2016. Of these 9.3% were regular smokers and 3.3% were social or occasional smokers.
- ⊗ **Consuming fresh fruit and vegetables**
 - **Fresh fruit** – the proportion of respondents consuming at least two serves of fresh fruit per day in the last week increased in 2016, up from almost three-quarters (73.2%) in 2012 to four-fifths (80.1%) in 2016.
 - **Fresh vegetables** – the proportion of respondents consuming at least five serves of vegetables per day in the last week increased from a little more than half (54.6%) in 2012 to almost two-thirds (64.5%) in 2016.

Perception of health and wellbeing

- ⊗ **Perception of health**
 - **Physical health** – two-thirds (66.4%) of respondents rated their physical health as either excellent (40.9%) or very good (25.5%), whilst less than ten percent rated it as either fair (7.0%) or poor (2.2%).
 - **Mental health** – almost four-fifths (79.0%) of respondents rated their mental health as either excellent (38.6%) or very good (40.4%), whilst less than three percent rated it as either fair (2.0%) or poor (0.6%).
- ⊗ **Changing health and well-being** – the proportion of respondents that considered that their health and well-being was getting better or much better increased from a little less than one-third (29.6%) in 2012 to a little more than one-third (39.8%) in 2016. In 2016 a little more than five percent (5.3% down from 9.0%) of respondents considered that their health and well-being was getting worse or much worse.



Safety



- ⊗ **Perception of safety** – respondents were asked to rate their agreement with eight statements related to the perception of safety in various situations and locations. Metropolis Research notes that only those changes marked with an asterisk were statistically significant. The average agreement with each of these eight statements was as follows:

- I feel safe walking in the local area during the day *9.15 up from 9.13*
- I feel safe at shopping centres *8.73 down from 9.04**
- I feel safe at the foreshore, parks and reserves during the day *8.58 down from 8.64*
- I feel safe online (using the internet) *8.31 up from 8.27*
- I feel safe at public transport locations *8.23 up from 6.91**
- I feel safe in industrial precincts *7.72 up from 7.10**
- I feel safe walking in the local area at night *6.39 up from 6.00*
- I feel safe at the foreshore, parks and reserves at night *5.43 up from 4.47**.

Family violence

- ⊗ **Family violence** – respondents were asked whether they considered that seven actions were always, sometimes, or never examples of family violence. Metropolis Research notes that only those changes marked with an asterisk were statistically significant. The proportion of respondents that considered each action to always be an example of family violence was as follows:

- A family member hitting, choking, or throwing objects at another *88.3% up from 87.3%*
- A family member forcing another to engage in sexual activities against their will *88.3% down from 94.5%**
- A family member repeatedly calling another names or putting them down *77.2% down from 82.9%**
- A family member checking up on another by following them or constantly calling or texting them resulting in them feeling distressed or fearful *77.5% down from 83.4%**
- A family member withholding or threatening to withhold the necessary living expenses of a person or a child *77.0% down from 78.7%*
- A family member controlling where another goes or who they see *65.2% down from 72.1%**
- A family member preventing another for worshipping in their desired faith *69.4% down from 78.5%**.



Sense of community

- ⊗ **Sense of community statements** – respondents were asked to rate their agreement with twenty-four statements related to various aspects of lifestyle, health, gambling, community, and services. These results have been indexed onto a scale from zero (strongly disagree) to ten (strongly agree), where five is neutral. Metropolis Research notes that only those changes marked with an asterisk were statistically significant. Average agreement with these statements was as follows:

- **Lifestyle related**

- I am able to manage stress most of the time *7.92 up from 7.73*
- I feel a sense of optimism about the future *7.52 up from 7.28*
- I play an active role in my community *5.50 up from 4.46**
- I sometimes feel isolated and out of contact with other people *2.67 up from 1.84**.

- **Health related**

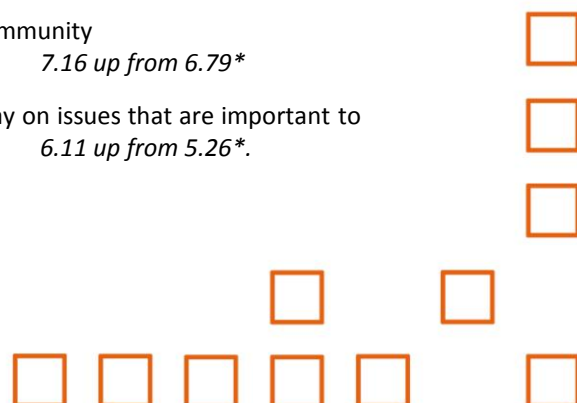
- I feel confident I know how to protect myself against sexually transmitted diseases *8.66 down from 9.22**
- I am exposed to smoky environments at least once a week *1.79 down from 2.58**
- Alcohol consumption has a negative impact on my household *1.18 down from 1.76**
- Over the counter and / or prescription medications have a negative impact on my household *0.97 down from 1.11*
- Illegal drugs have a negative impact on my household *0.85 down from 1.50**.

- **Gambling related**

- Pokies have a negative impact on my household *0.59 down from 1.19**
- Other forms of gambling have a negative impact on my household *0.58 down from 1.20**
- Online gambling has a negative impact on my household *0.53 down from 1.16**.

- **Community related**

- I like the look and feel of my local area *8.28 up from 7.80**
- In times of needs I could turn to the neighbours for help *7.92 down from 8.00*
- I feel a strong sense of belonging to a community *7.16 up from 6.79**
- There are opportunities to have a real say on issues that are important to me *6.11 up from 5.26**.





○ **Services and facilities related**

- I have access to a GP in my local area 9.02 up from 8.74
- I have access to other medical / health services in my local area 8.97 up from 8.35*
- I have access to fresh and affordable food to meet my household's needs 8.80 up from 8.33*
- I have access to dental services in my local area 8.70 up from 8.46
- I have access to mental health services in my local area 8.39 up from 7.30*
- I am satisfied with the quality of parks, playgrounds and open spaces in my local area 8.16 up from 7.76*
- It is easy to find out what services are available residents in the local area 8.01 up from 7.24*
- There are adequate community services available in the local area 7.93 up from 7.39*

Local community involvement

- ⊗ **Active member of a club or community group** – the proportion of respondents that were active members of a club or community group declined from a little less than half (46.4%) in 2012 to a little more than one-third (37.3%) in 2016.
- ⊗ **Volunteer regularly** – the proportion of respondents that volunteer regularly declined from a little less than one-third (30.6%) in 2012 to a little more than one-quarter (27.8%) in 2016.
- ⊗ **Access to emergency funds** – the proportion of respondents that report that their household would be able to access \$2,000 in an emergency increased marginally from 87.4% in 2012 to 90.5% in 2016.

Built environment

- ⊗ **Visiting parks, gardens and reserves** – the proportion of respondents visiting local parks, gardens and reserves at least rarely declined from 94.3% in 2012 to 91.8% in 2016. Despite this marginal decline in the overall visiting rate, the proportion visiting daily increased from 14.3% to 18.3%. There was a decline in the proportion visiting regularly (31.6% down from 47.2%).
- ⊗ **Walking / cycling to local shops and facilities** – the proportion of respondents that walk or cycle to the local shops or facilities at least once in the last week increased from 64.8% in 2012 to 69.4% in 2016. Respondents were evenly split between those walking / cycling to the local shops and facilities once (33.5%) and more than once (35.9%).
- ⊗ **Improvements to local area to improve / maintain health and wellbeing** – the top three improvements related to parks, gardens and open spaces (5.4%), sports and recreation facilities (4.2%), and safety, policing and crime (3.4%).



General health

Physical activity

Respondents were asked:

“How many times per week do you usually do thirty minutes or more of moderate physical activity that increases your heart rate or makes you breath harder than normal?”

This question relating to the extent of physical activity being undertaken by respondents was modified in 2016 from the wording used in the 2012 survey.

- ⊗ In 2012 the question asked if the respondent had done two and a half hours of moderate to vigorous physical activity in the last seven days.
- ⊗ In 2016 the question asked respondents the number of times in the previous week that they had done thirty minutes or more of moderate physical activity.

As a result of this modification to the nature of the question, no time series comparative results can be provided.

Respondents were relatively diverse in the number of times in the last week that they had done thirty minutes or more of moderate physical activity, with between approximately one-sixth and one-quarter of respondents reporting they had done this amount of moderate physical activity twice, three times, four times, or five or more times. Based on the standard categorisation of the level of moderate physical activity undertaken by respondents, it is observed that:

- ⊗ **Sufficient** – a little more than one-quarter (26.8%) of respondents usually engaged in a sufficient level of moderate physical activity per week (five or more sessions).
- ⊗ **Insufficient** – almost two-thirds (65.1%) of respondents usually engaged in an insufficient level of moderate physical activity per week (less than five sessions).
- ⊗ **Sedentary** – a little less than ten percent (8.0%) of respondents were usually sedentary as they did not usually engage in any moderate physical activity.

Moderate physical activity per week
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent of total respondents)

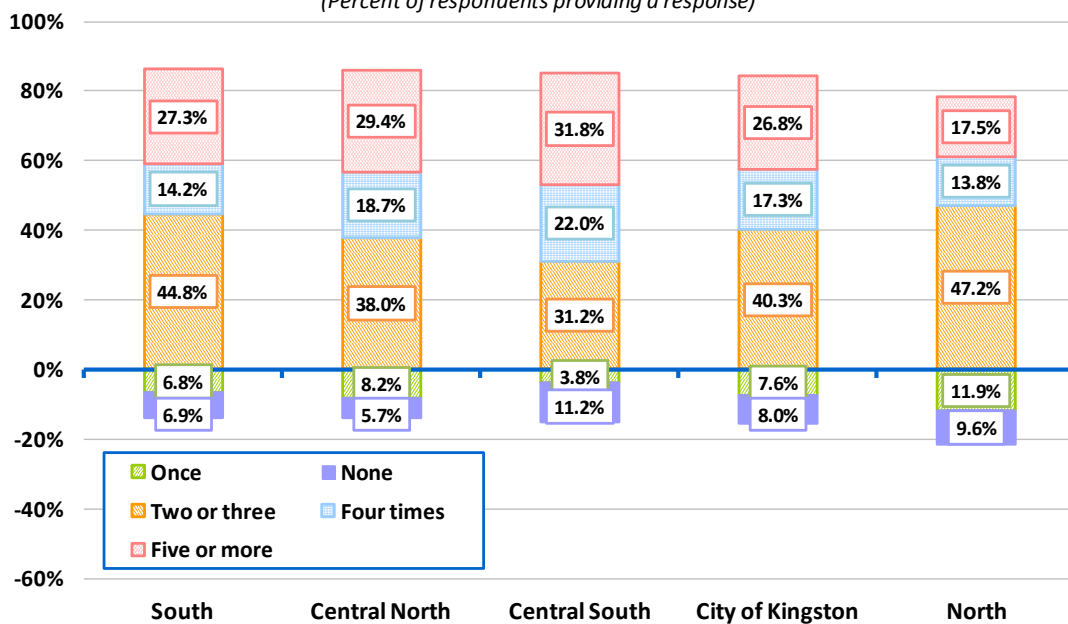
Response	City of Kingston	
	Number	Percent
Five times or more per week	130	26.8%
Four times per week	84	17.3%
Three times per week	116	23.9%
Twice a week	79	16.3%
Once a week	37	7.6%
None	39	8.0%
Can't say	15	
Total	500	100%



There was some variation in these results observed across the four regions comprising the City of Kingston, with attention drawn to the following:

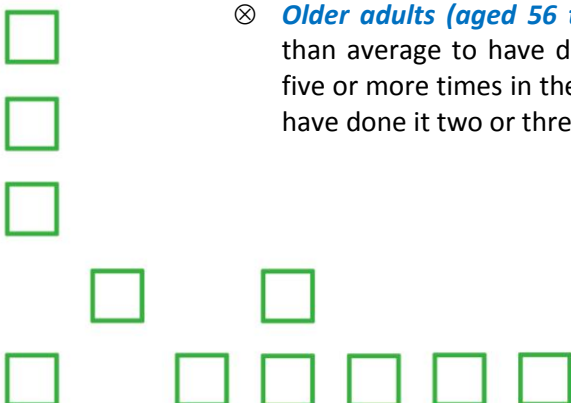
- ⊗ **North** – respondents were somewhat less likely than average to have done thirty minutes or more of moderate physical activity five or more times in the last seven days, and slightly more likely than average to have done it once, twice, or three times.
- ⊗ **Central South** – respondents were somewhat more likely than average to have done thirty minutes or more of moderate physical activity four or more times in the last week and somewhat less likely to have done it one to three times.
- ⊗ **South** – respondents were marginally more likely than average to have done thirty minutes or more of moderate physical activity two or three times in the last week.

Frequency of doing moderate physical activity by region
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of respondents providing a response)



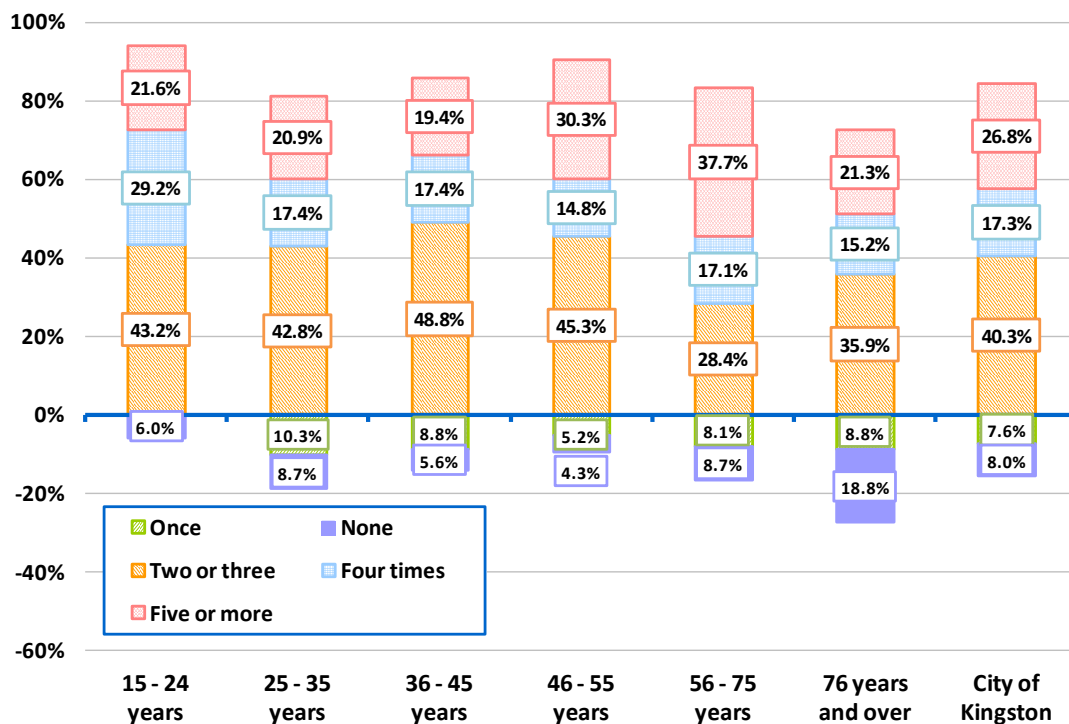
There was some variation in these results observed by the respondents' demographic profile, with attention drawn to the following:

- ⊗ **Adolescents and young persons (aged 15 to 25 years)** – respondents were measurably more likely than average to have done thirty minutes or more of moderate physical activity four times in the last seven days, although they were slightly less likely to have done five or more.
- ⊗ **Adults (aged 36 to 45 years)** – respondents were somewhat less likely than average to have done thirty minutes or more of moderate physical activity five or more times in the last seven days, and somewhat more likely than average to have done it two or three times.
- ⊗ **Older adults (aged 56 to 75 years)** – respondents were measurably more likely than average to have done thirty minutes or more of moderate physical activity five or more times in the last seven days, and marginally less likely than average to have done it two or three times.

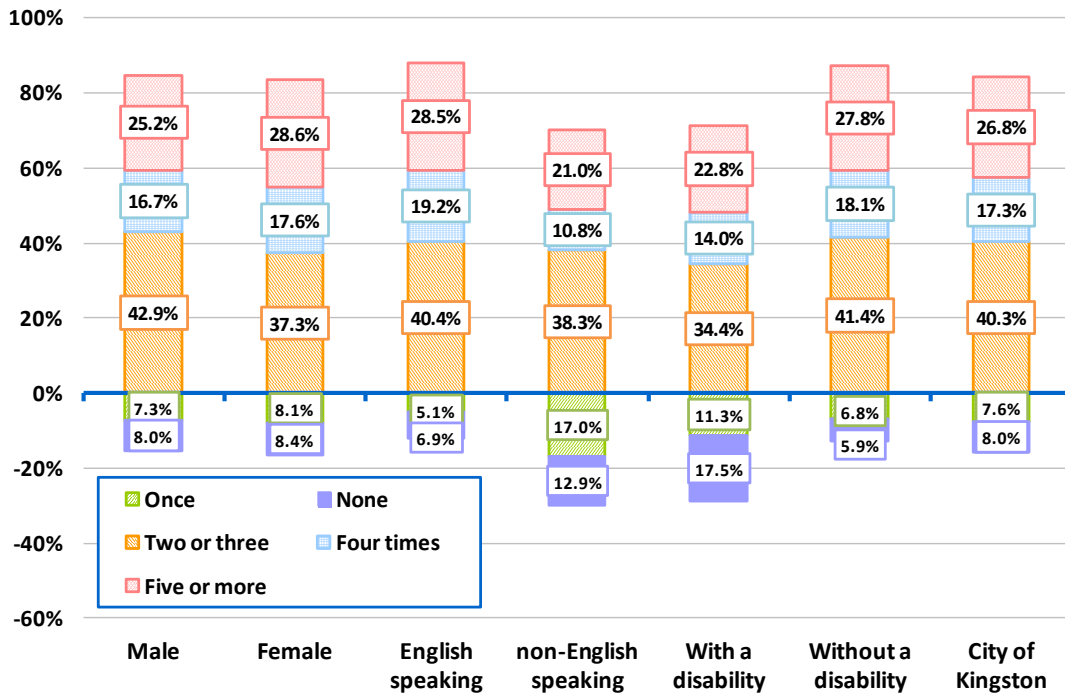


- ⊗ **Senior citizens (aged 76 years and over)** – respondents were somewhat less likely than average to have done thirty minutes or more of moderate physical activity five or more times in the last seven days, and measurably more likely than average to have done none.
- ⊗ **Female** – respondents were marginally more likely than male respondents to have done thirty minutes or more of moderate physical activity five or more times in the last seven days, and marginally less likely to have done it two or three times.
- ⊗ **English speaking** – respondents from English speaking households were measurably more likely than those from non-English speaking households to have done thirty minutes or more of moderate physical activity five times or more in the last seven days.
- ⊗ **Non-English speaking** – respondents from non-English speaking households were measurably more likely than those from English speaking households to have done thirty minutes or more of moderate physical activity either once or never in the last seven days.
- ⊗ **Persons with a disability or long-term illness** – respondents with a disability or long-term illness were measurably more likely to have done thirty minutes or more of moderate physical activity once or never in the last seven days, and measurably less likely to have done it four or more times.

Frequency of doing moderate physical activity by age structure
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)



Frequency of doing moderate physical activity by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)



Smoking

Respondents were asked:

“Do you consider yourself to be a smoker?”

In 2016, a little more than ten percent (12.5%) of respondents identified as smokers, with most of these respondents identifying as regular smokers (9.2%), and only a small proportion (3.3%) identifying as occasional or social smokers.

This is an improvement on the 2012 results which reported that fourteen percent of respondents identified as smokers.

Metropolis Research draws attention to the fact that in 2012, a little less than one-sixth (17.0%) of respondents identified as having previously quit smoking. In 2016, this had declined to 8.6%.

Consider yourself to be a smoker
Kingston City Council - 2012 Health and Wellbeing Survey
 (Number and percent of respondents providing a response)

Response	2016		2012	Change from 2012
	Number	Percent		
Yes - a regular smoker	45	9.2%	9.4%	-0.2%
Yes - an occasional or "social" smoker	16	3.3%	4.7%	-1.4%
No - not a smoker	388	79.0%	68.9%	10.1%
Have quit smoking	42	8.6%	17.0%	-8.4%
Can't say	9		0	
Total	500	100%	512	

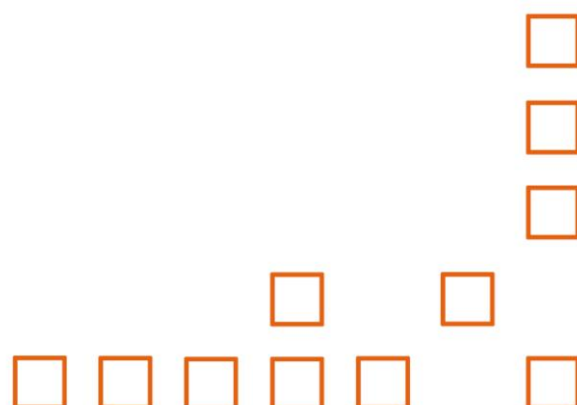
There was some variation in this result observed across the four regions comprising the City of Kingston, with attention drawn to the following:

- ⊗ **North** – respondents were somewhat, albeit not measurably more likely to identify as a smoker than the municipal average.
- ⊗ **Central South** – respondents were marginally, albeit not measurably less likely to identify as a smoker than the municipal average.

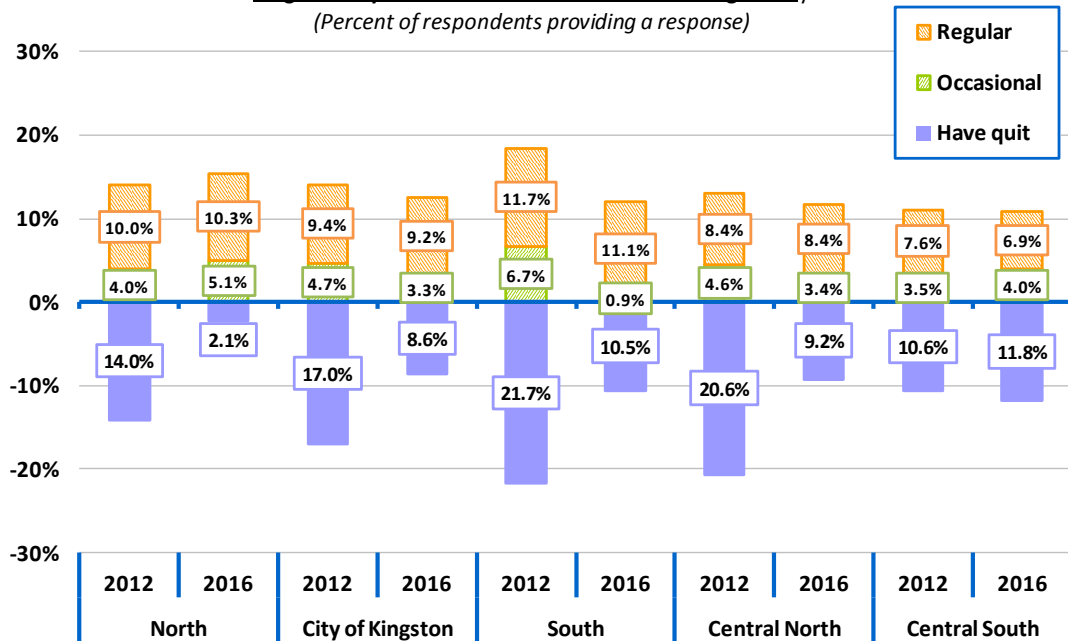
Particular attention is drawn to the significant variation in the results between 2012 and 2016 in South of Kingston. Respondents from South in 2016 were measurably less likely to identify as a social smoker than they were in 2012 (0.9% compared to 6.7%). This variation in South was the most significant influence on the change in the overall municipal result between 2012 and 2016.

There was significant variation in the propensity of respondents to identify as a smoker based on the respondent profile, with attention drawn to the following:

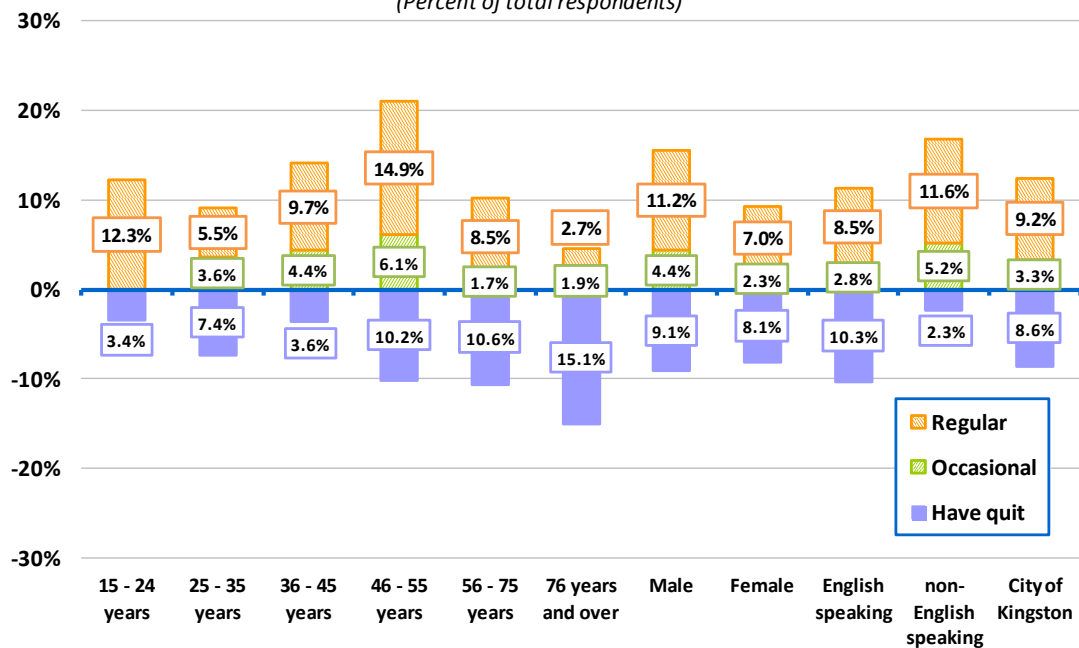
- ⊗ **Middle-aged adults (aged 46 to 55 years)** – respondents were measurably more likely than average to identify as a smoker.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were measurably less likely than average to identify as a smoker.
- ⊗ **Male** – respondents were somewhat more likely than female respondents to identify as a smoker.
- ⊗ **Non-English speaking** – respondents were somewhat more likely than English speaking respondents to identify as a smoker.



Respondents consider themselves a smoker by region
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of respondents providing a response)



Respondents consider themselves a smoker by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of total respondents)



Time since quitting smoking

Respondents who had quit smoking were asked:

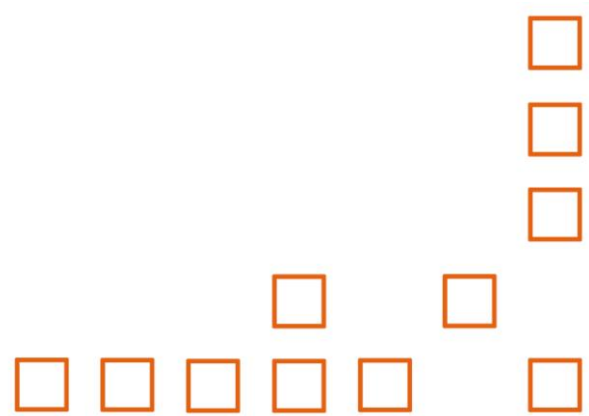
“Time since quitting?”

Consistent with the results recorded in 2012, of the forty-two respondents in 2016 that identified as having previously quit smoking, more than half reported that they quit smoking ten years or more ago.

It is noted however that in 2016, a little more than ten percent (10.8%) of those who had quit had done so in the last two years.

Time since quitting smoking
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents who have quit smoking and provided a response)

Response	2016		2012	Change from 2012
	Number	Percent		
Less than one year	1	2.7%	3.7%	-1.0%
One to less than two years	3	8.1%	2.4%	5.7%
Two to less than five years	6	16.2%	8.5%	7.7%
Five to less than ten years	6	16.2%	19.5%	-3.3%
Ten years or more	21	56.8%	65.9%	-9.1%
Not stated	5		5	
Total	42	100%	75	





Consuming fresh fruit and vegetables

Respondents were asked:

“In the past week, did you consume the following?”

Fresh fruit

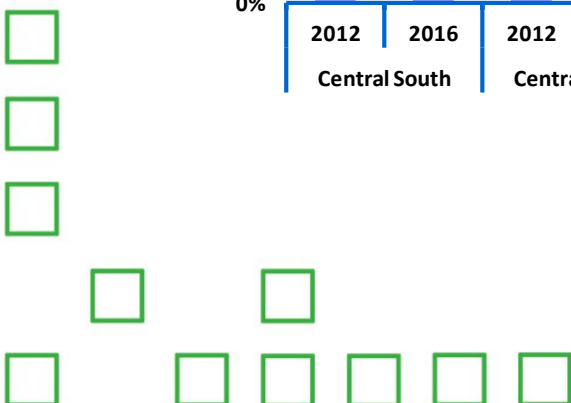
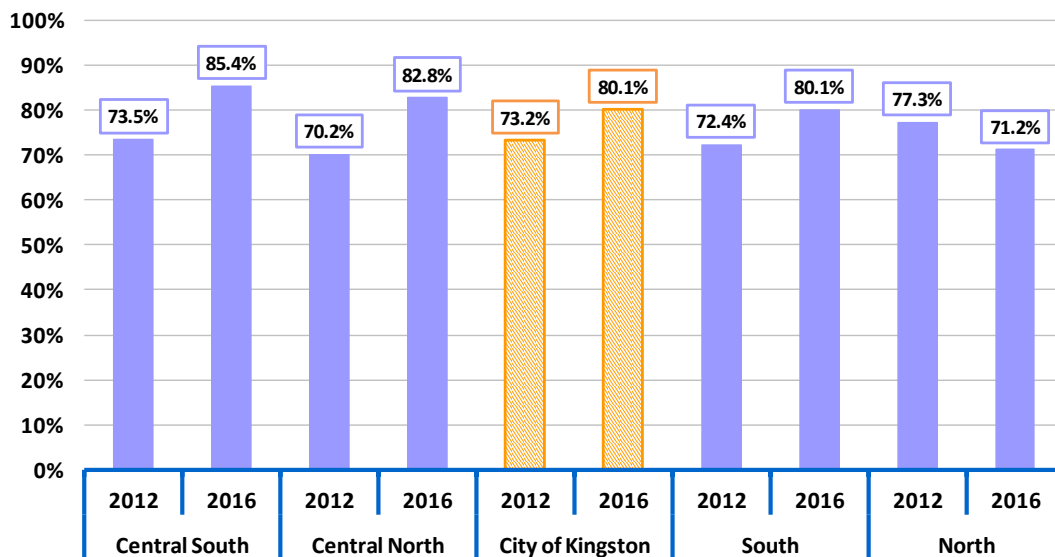
The proportion of respondents that had consumed at least two serves of fresh fruit per day in the last week increased in 2016 from a little less than three-quarters (73.2%) in 2012 to four-fifths (80.1%) in 2016. This is a substantial increase in four years.

Consume at least two servings of fruit per day
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	2016		2012	Change from 2012
	Number	Percent		
Yes	390	80.1%	73.2%	6.9%
No	97	19.9%	26.8%	-6.9%
Can't say	13		5	
Total	500	100%	512	

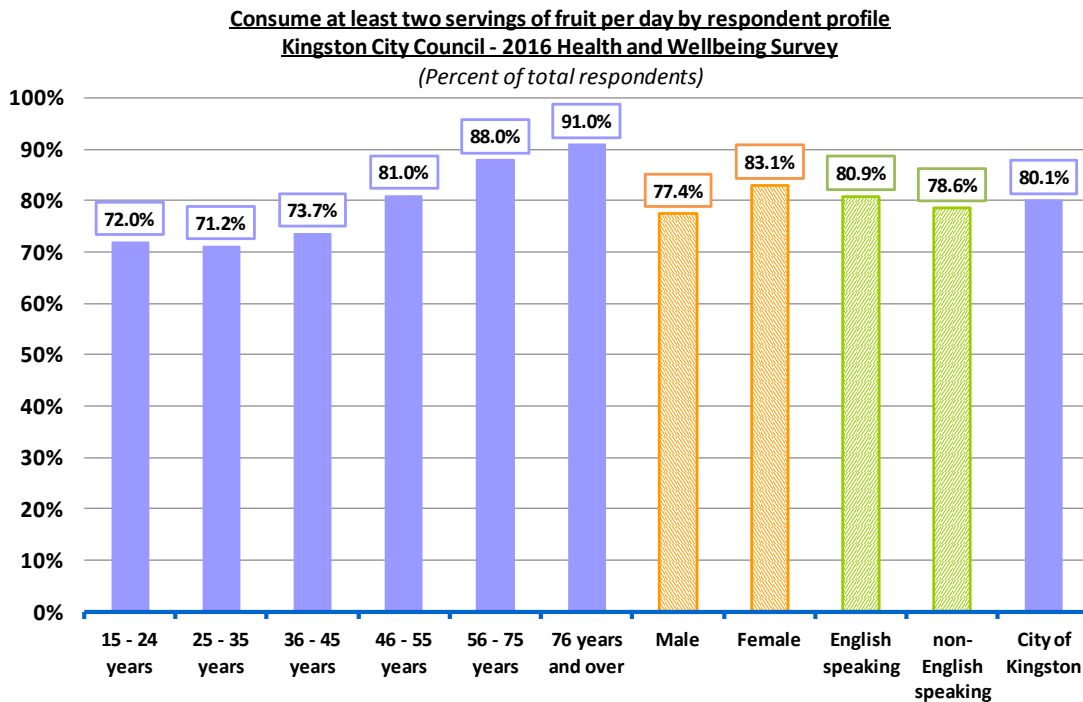
The proportion of respondents that had consumed at least two serves of fresh fruit per day in the last seven days increased substantially in Central North, Central South, and South, but declined a little in North.

Consume at least two servings of fruit per day by region
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of respondents providing a response)



There was some interesting variation in this result based on the respondents' profile, with attention drawn to the following:

- ⊗ **Older adults and senior citizens (aged 56 years and over)** – respondents were considerably more likely to have consumed at least two serves of fresh fruit per day in the last seven days than younger respondents.
- ⊗ **Younger respondents (aged from 15 to 45 years)** - a similar proportion (approximately three-quarters) of respondents aged from fifteen to forty-five years had consumed at least two serves of fresh fruit per day in the last seven days.
- ⊗ **Female** – respondents were somewhat more likely than male respondents to have consumed at least two serves of fresh fruit per day in the last seven days.
- ⊗ **Language spoken at home** - there was no meaningful variation in this result between respondents from English speaking households and those from non-English speaking households.





Vegetables



There was an increase in the proportion of respondents that had consumed at least five serves of vegetables per day in the last seven days from a little more than half (54.6%) in 2012 to almost two-thirds (64.5%) in 2016.

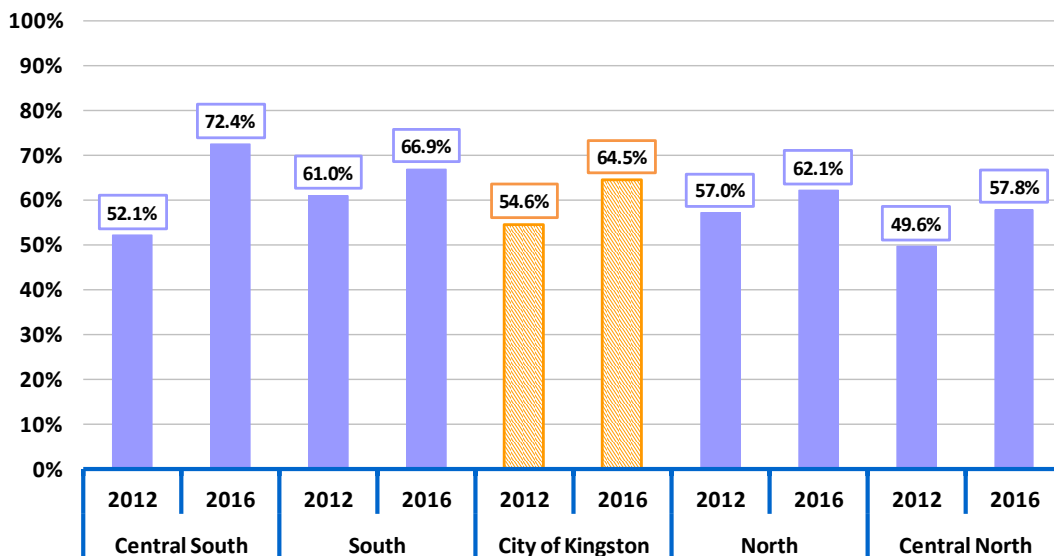
Consume at least five servings of vegetables per day
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	2016		2012	Change from 2012
	Number	Percent		
Yes	312	64.5%	54.6%	9.9%
No	172	35.5%	45.4%	-9.9%
Can't say	16		3	
Total	500	100%	512	

This significant increase at the municipal level was replicated for respondents from each of the four regions comprising the City of Kingston. There was however some variation in the results observed across the four regions, with attention drawn to the following:

- ⊗ **Central South** – respondents were measurably more likely than the average to have consumed at least five serves of vegetables per day in the last seven days.
- ⊗ **Central North** – respondents were somewhat less likely than average to have consumed at least five serves of vegetables per day in the last seven days.

Consume at least five servings of vegetables per day by region
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of respondents providing a response)

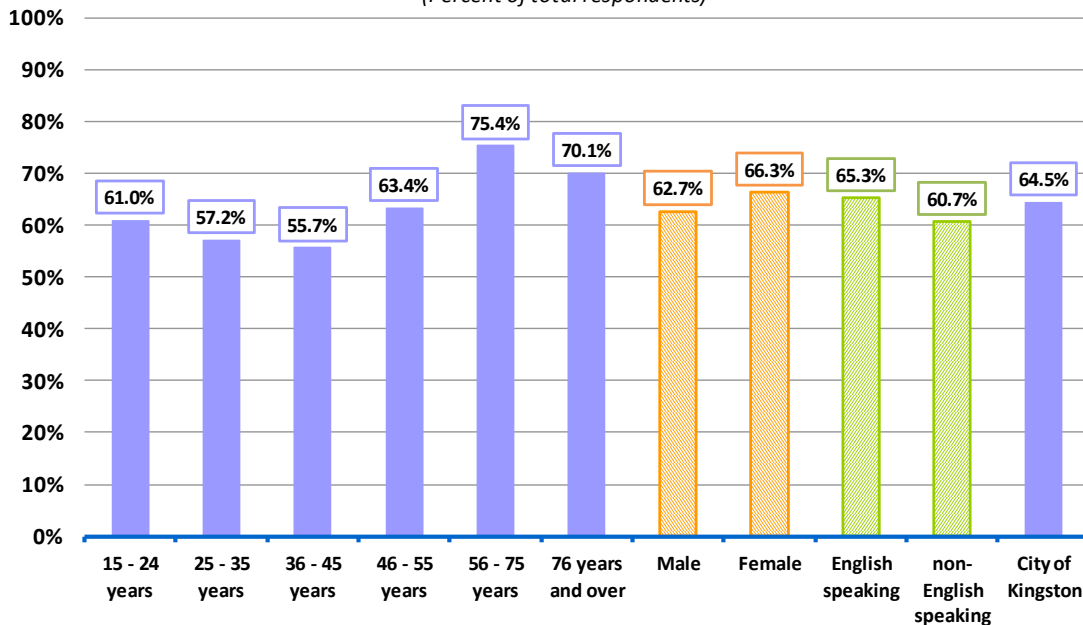


There was substantially less variation in the results relating to the consumption of vegetables observed by respondent profile than was apparent in relation to the consumption of fresh fruit discussed previously.

It is however noted that:

- ⊗ **Older adults** and **senior citizens (aged 56 years and over)** – were somewhat more likely than average to have consumed at least five serves of vegetables per day in the last seven days.
- ⊗ **Adults (aged 36 to 45 years)** – were somewhat less likely than average to have consumed at least five serves of vegetables per day in the last seven days.
- ⊗ **Female** – respondents somewhat more likely than male respondents to have consumed at least five serves of vegetables per day in the last seven days.
- ⊗ **English speaking** – respondents somewhat more likely than respondents from non-English speaking households to have consumed at least five serves of vegetables per day in the last seven days.

Consume at least five servings of vegetables per day by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of total respondents)





Perception of health and wellbeing

Physical health

Respondents were asked:

“On a scale of 1 (very poor) to 5 (excellent), please rate your level of physical health.”

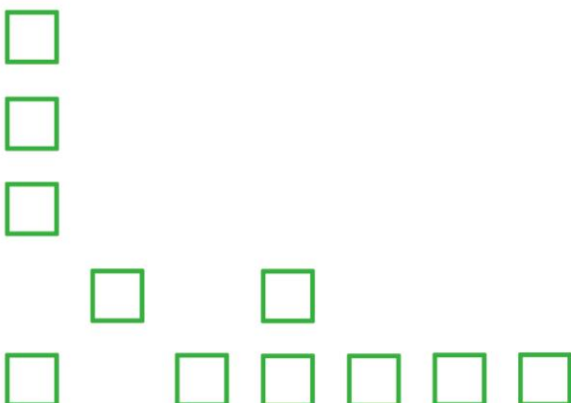
The question relating to the perception of physical health was modified somewhat in 2016 from the question format in 2012, and as a result direct time series comparison is not possible this year. In 2012 the categories were excellent, good, fair, poor, and very poor.

In 2016 two-thirds (66.4%) of respondents rated their physical health as either excellent (25.5%) or very good (40.9%). Metropolis Research notes that this is measurably lower than the 2012 results which observed that 72.0% rated their physical health in the top two categories (excellent or good).

Less than ten percent (9.2%) of respondents in 2016 rated their physical health as either fair (7.0%) or poor (2.2%). Metropolis Research notes that this is similar to the 2012 results which observed that 5.3% of respondents rated their physical health in the bottom two categories (poor or very poor).

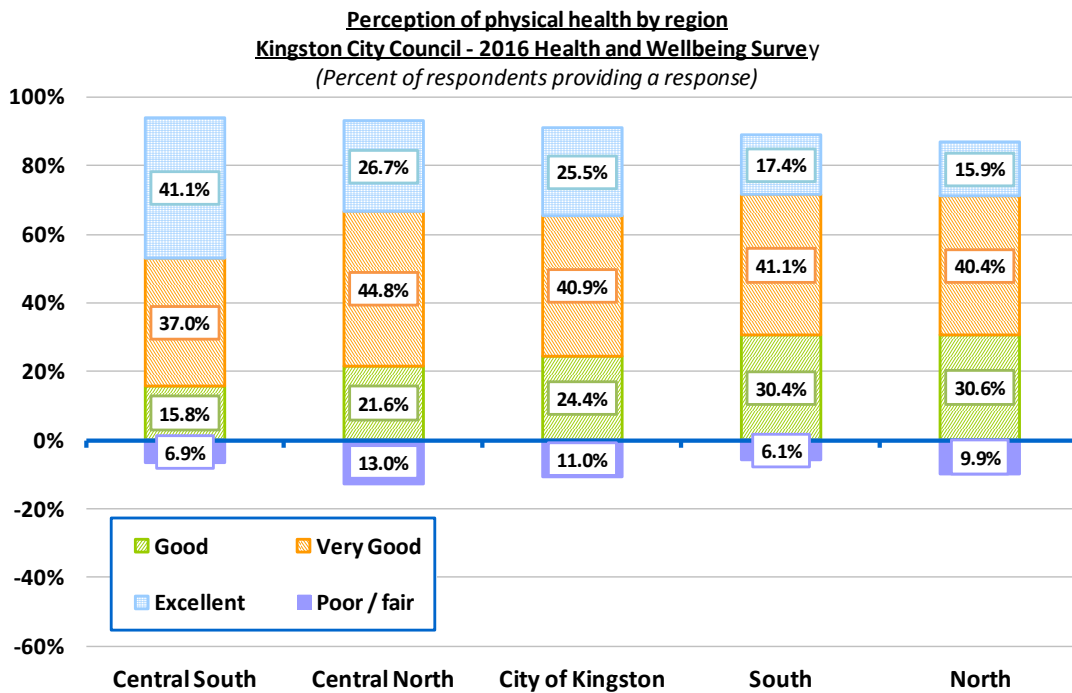
Perception of physical health
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of total respondents)

Response	City of Kingston	
	Number	Percent
Excellent	127	25.5%
Very good	204	40.9%
Good	122	24.4%
Fair	35	7.0%
Poor	11	2.2%
Can't say	1	
Total	500	100%



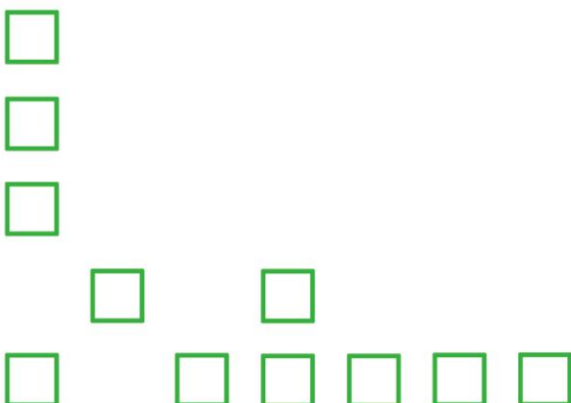
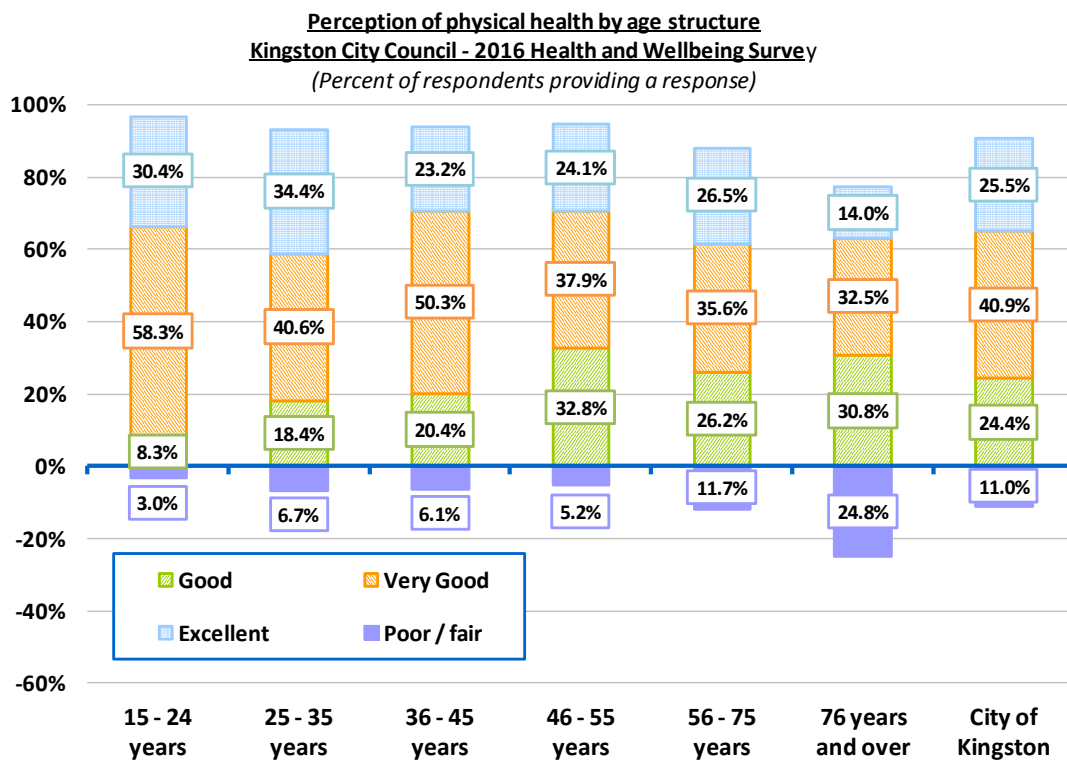
There was some variation in these results across the four regions comprising the City of Kingston, with attention drawn to the following:

- ⊗ **North** and **South** – respondents were measurably less likely than average to rate their physical health as excellent, and slightly more likely than average to rate it as fair.
- ⊗ **Central South** – respondents were measurably more likely than average to rate their physical health as excellent, and a little less likely than average to rate it as fair.



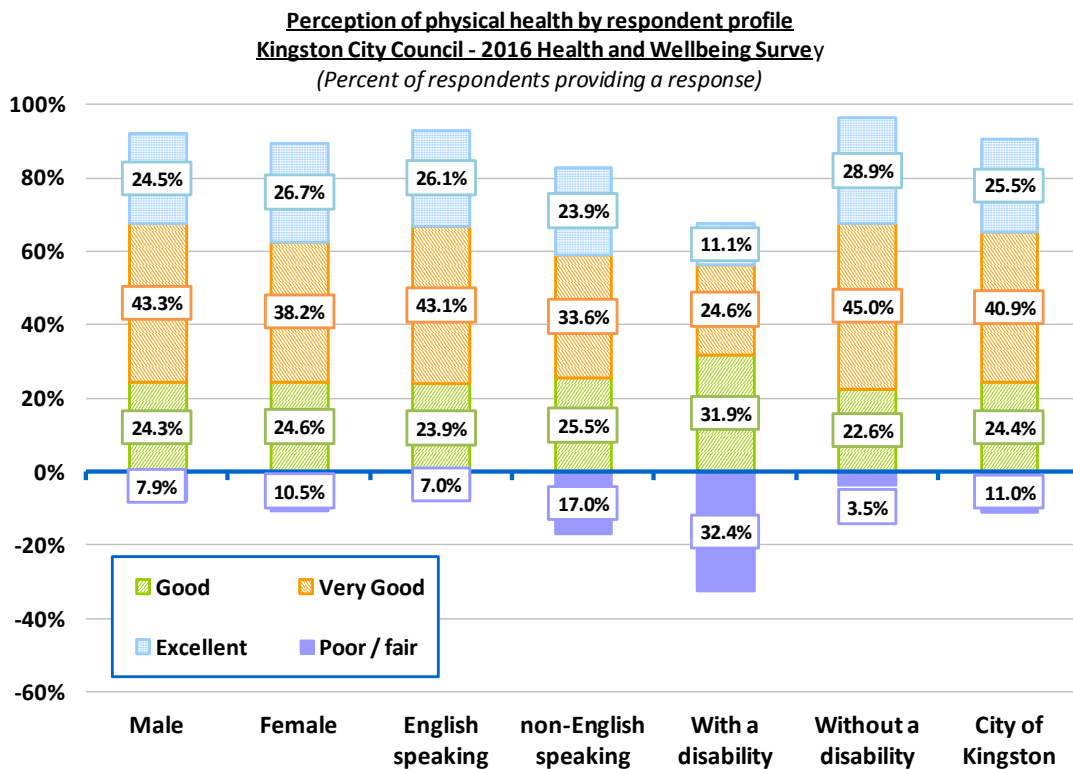
As has typically been the case in the experience of Metropolis Research both previously in the City of Kingston as well as elsewhere across metropolitan Melbourne, there was significant variation in the perception of physical health observed by respondent age structure.

- ⊗ **Adolescents and young persons (aged 15 to 24 years)** – respondents were measurably more likely than average to rate their physical health as very good, and less likely than average to rate it good, fair, or poor.
- ⊗ **Young adults (aged 25 to 35 years)** – respondents were measurably more likely than average to rate their physical health as excellent.
- ⊗ **Middle-aged adults (aged 46 to 55 years)** – respondents were measurably more likely than average to rate their physical health as good.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were measurably less likely than average to rate their physical health as excellent, and measurably more likely than average to rate it as fair or poor.



There was significant variation in the perception of physical health observed by respondent profile, with attention drawn to the following:

- ⊗ **Male** – respondents were marginally more likely than female respondents to rate their physical health as very good.
- ⊗ **Female** – respondents were very marginally more likely than male respondents to rate their physical health as fair or poor.
- ⊗ **English speaking** – respondents from English speaking households were somewhat more likely than respondents from non-English speaking households to rate their physical health as very good.
- ⊗ **Non-English speaking** – respondents from non-English speaking households were measurably more likely than those from English speaking households to rate their physical health as fair or poor.
- ⊗ **Persons with a disability or long-term illness** – respondents were measurably and measurably more likely than respondents without a disability or long-term illness to rate their physical health as good, fair or poor, and commensurately less likely to rate their physical health as very good or excellent.





Mental health

Respondents were asked:

“On a scale of 1 (very poor) to 5 (excellent), please rate your level of mental health.”

As discussed in relation to the perception of physical health, there was a variation to the wording of the responses to this question in 2016 compared to that used in the 2012 survey. As a result direct time-series comparison results are not provided. In 2012 the categories were excellent, good, fair, poor, and very poor.

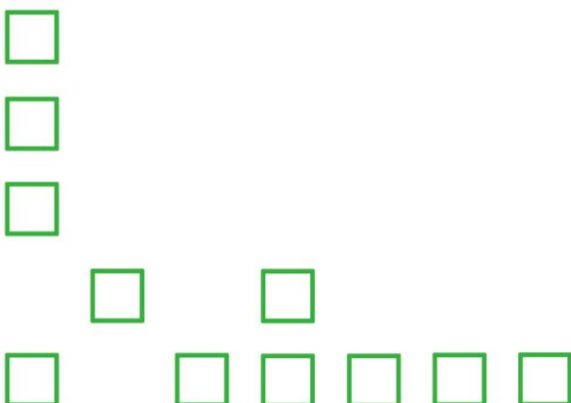
In 2016, more than three-quarters (79.0%) of respondents rated their mental health as either very good (40.4%) or excellent (38.6%). By way of comparison, in 2012 Metropolis Research recorded a slightly larger proportion (89.8%) rating their mental health in the top two categories (good and excellent).

Perception of mental health
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of total respondents)

Response	City of Kingston	
	Number	Percent
Excellent	190	38.6%
Very good	199	40.4%
Good	90	18.3%
Fair	10	2.0%
Poor	3	0.6%
Can't say	8	
Total	500	100%

It is observed that this result of 79.0% of respondents reporting their mental health as very good or excellent is measurably higher than the 66.4% of respondents that rated their physical health as either very good or excellent.

This variation between the perception of physical health and the perception of mental health was observed in the 2012 results for the City of Kingston, and has also been observed by Metropolis Research in a large number of other municipalities across metropolitan Melbourne over a long period of time.

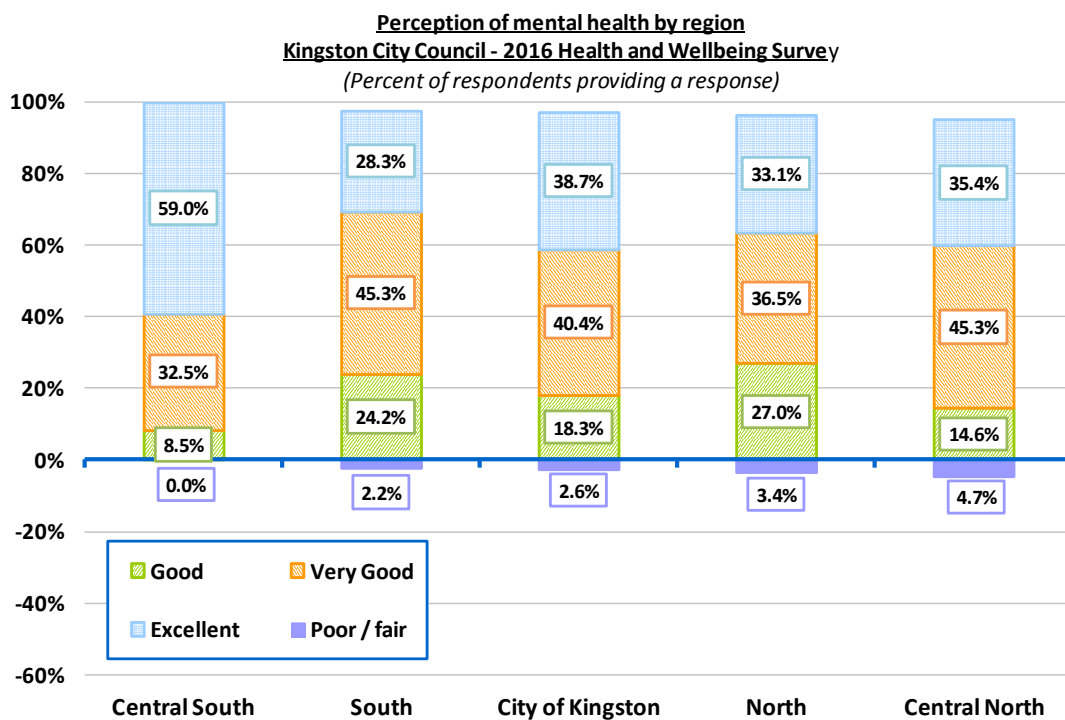


Metropolis Research draws particular attention to the fact that less than three percent (2.6%) of respondents rated their mental health as either fair or poor. By way of comparison, in 2012 Metropolis Research recorded that a similar proportion (1.8%) of respondents rated their mental health in the bottom two categories (poor or very poor).

This result of 2.6% of respondents who rated their mental health as fair or poor compares to the almost ten percent (9.2%) of respondents who rated their physical health as either fair or poor. This variation is a key finding, as it does suggest a higher degree of reticence in the community to recognise, acknowledge, or identify with mental health issues, compared to the willingness to recognise, acknowledge, or identify physical health issues.

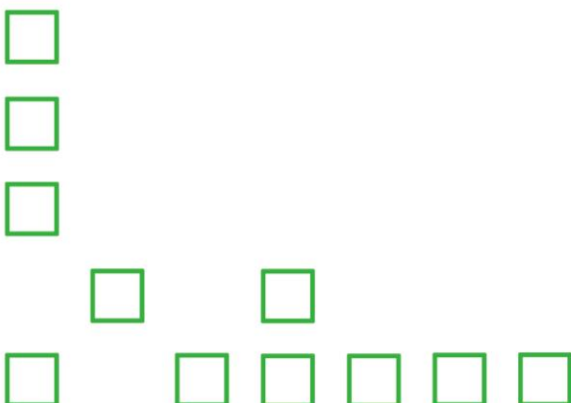
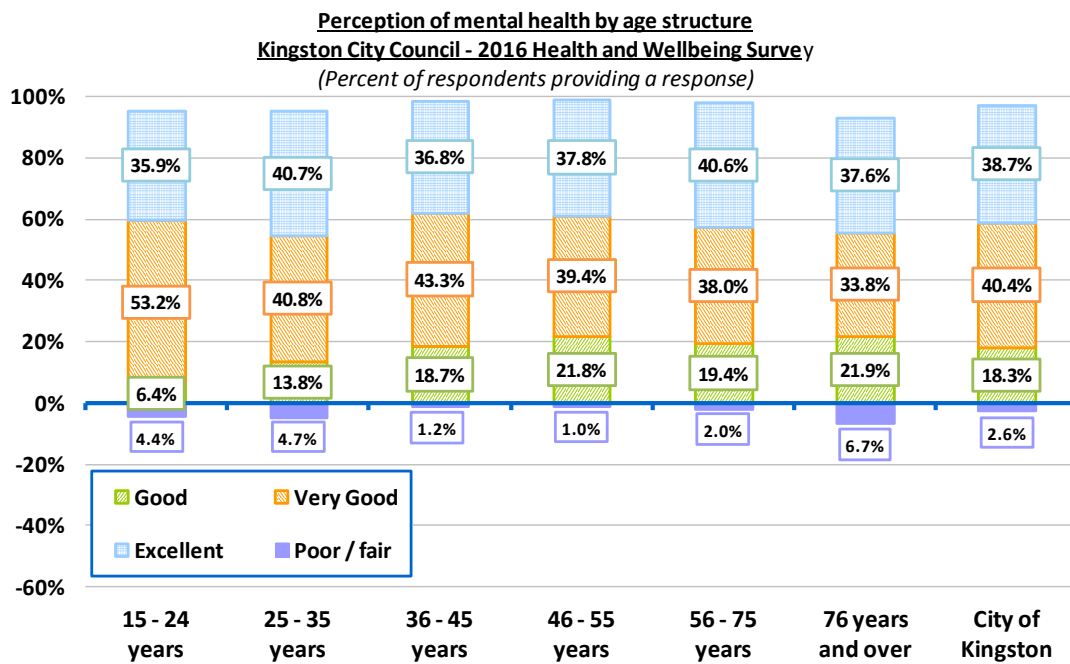
There was some variation in this result observed across the four regions comprising the City of Kingston, with attention drawn to the following:

- ⊗ **North** – respondents were somewhat more likely than average to rate their mental health as good.
- ⊗ **Central South** – respondents were measurably more likely than average to rate their mental health as excellent, and somewhat less likely than average to rate it as good or very good.
- ⊗ **South** – respondents were measurably less likely than average to rate their mental health as excellent, and measurably more likely than average to rate it as good.



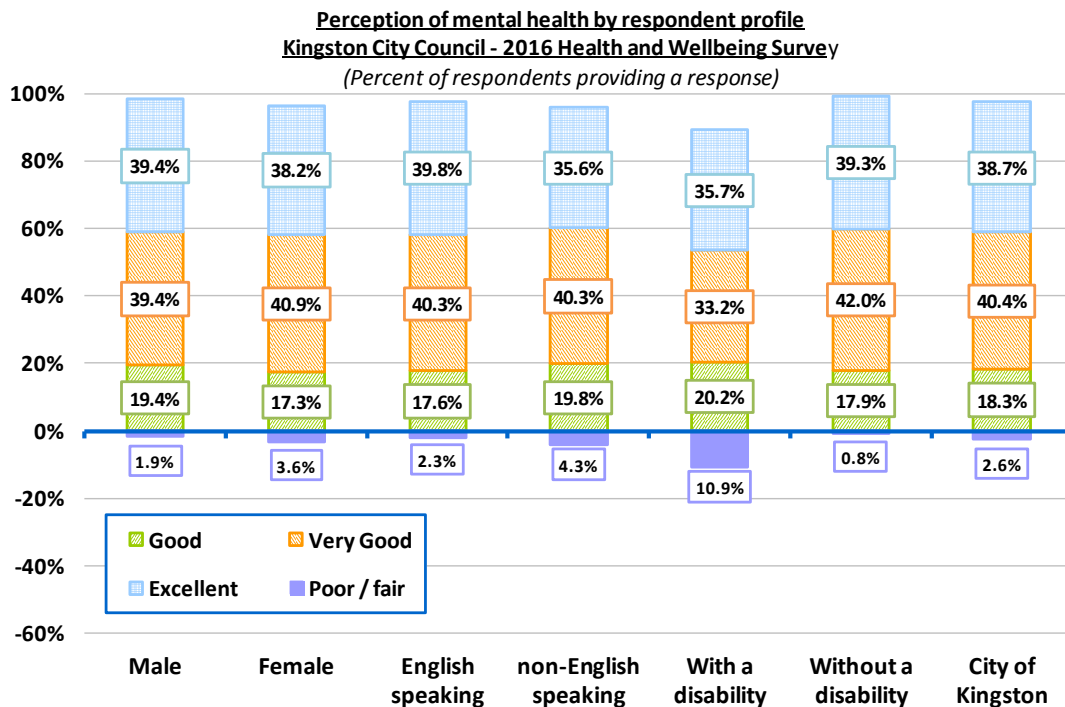
There was considerably less variation in the perception of mental health by respondents' age structure, than was observed in relation to the perception of physical health. That said attention is drawn to the following:

- ⊗ **Adolescents and young persons (aged 15 to 25 years)** – respondents were measurably more likely than average to rate their mental health as very good, and measurably less likely than average to rate it as good.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were somewhat less likely than average to rate their mental health as very good, and somewhat more likely to than average to rate it as fair or poor.



There was some variation in the perception of mental health by respondent profile, with attention drawn to the following:

- ⊗ **Gender** - there was no meaningful variation in the perception of mental health between male and female respondents.
- ⊗ **English speaking** – respondents from English speaking households were marginally more likely than respondents from non-English speaking households to rate their mental health as excellent.
- ⊗ **Persons with a disability or long-term illness** – respondents with a disability or long-term illness were marginally less likely than other respondents to rate their mental health as very good or excellent, and measurably more likely to rate it as fair or poor.





Changing health and wellbeing

Respondents were asked:

“Overall, would you say your health and well-being is getting?”

There was some measurable improvement in the respondents’ perception of how their health and wellbeing is changing between the results from 2012 and 2016.

In 2016, approximately forty percent (39.8%) of respondents considered that overall their health and well-being was getting better (35.2%) or much better (4.5%), a significant improvement on the 29.6% recorded in 2012.

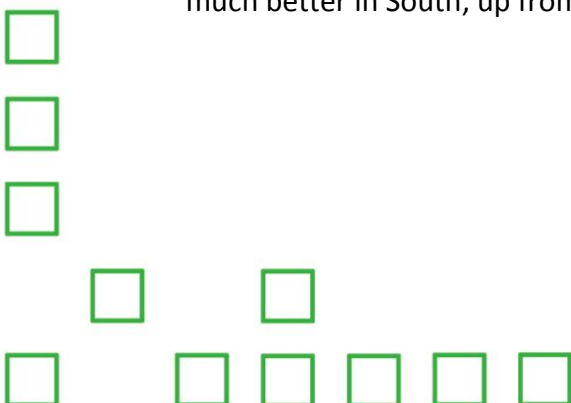
There was a very slight decline in the proportion of respondents considering that overall their health and well-being was getting worse (4.9% down from 7.6% in 2012) or much worse (0.4% down from 1.4% in 2012).

Perception of changing health and wellbeing
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	2016		2012	Change from 2012
	Number	Percent		
Much better	22	4.5%	5.0%	-0.5%
Better	172	35.2%	24.6%	10.6%
Staying the same	268	54.9%	61.5%	-6.6%
Worse	24	4.9%	7.6%	-2.7%
Much worse	2	0.4%	1.4%	-1.0%
Can't say	12		11	
Total	500	100%	512	

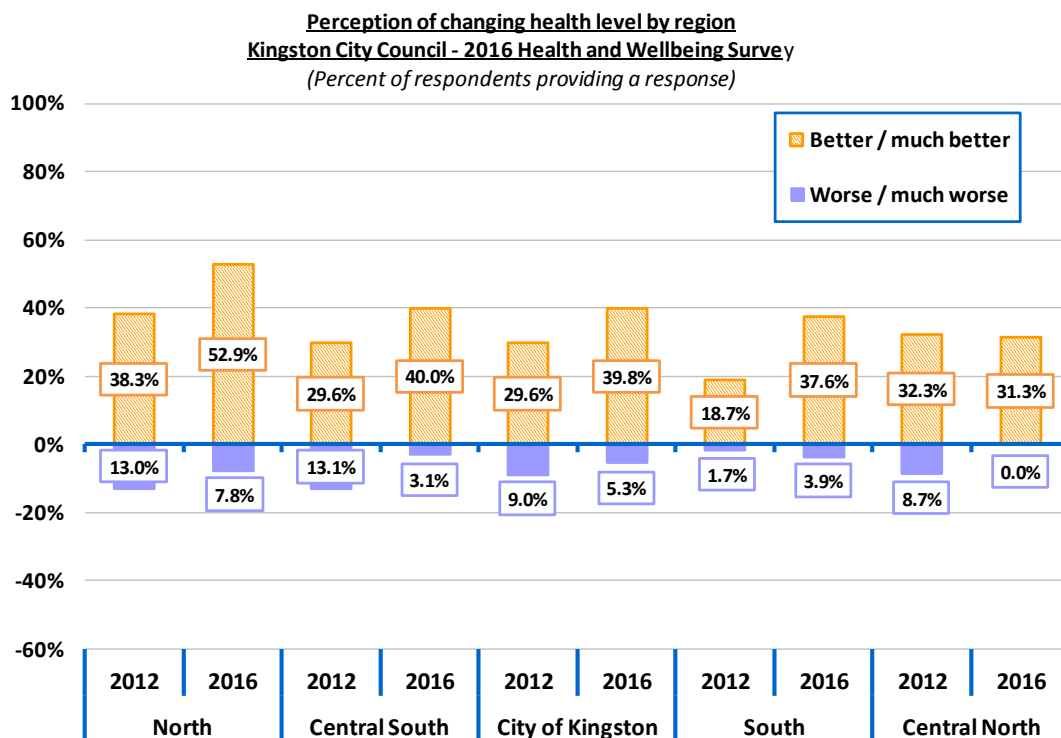
This improvement in the perception of how respondents’ health and well-being is changing was observed from respondents in three of the four regions comprising the City of Kingston, with only respondents from Central North recording a marginal decline in the proportion considering that their health and well-being was getting better or much better.

Particular attention is drawn to the larger than average increase in the proportion of respondents considering that their health and well-being was getting better or much better in South, up from just 18.7% in 2012 to 37.6% in 2016.



There was some variation in the perception of changing health and well-being observed across the four regions comprising the City of Kingston, with attention drawn to the following:

- ⊗ **North** – respondents were measurably more likely than average to consider that their health and well-being was getting better or much better.
- ⊗ **Central North** – respondents were somewhat less likely than average to consider that their health and well-being was getting better or much better.



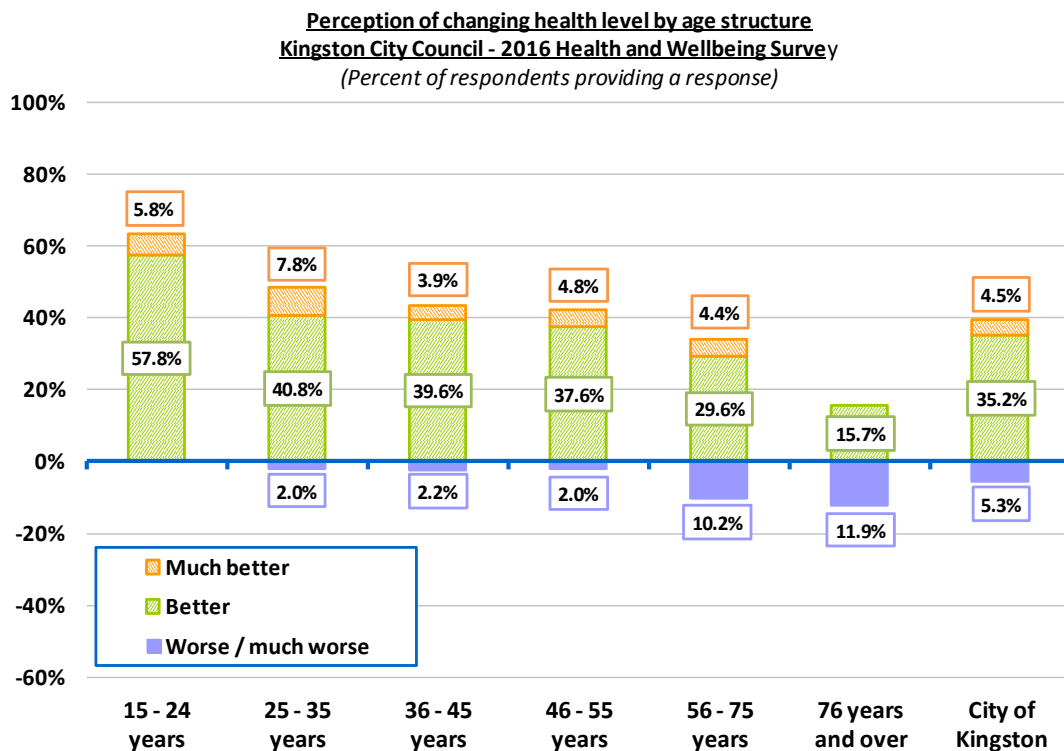
Perception of changing health and wellbeing by region
Kingston City Council - 2012 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	Kingston North		Central North		Central South		Kingston South	
	2012	2016	2012	2016	2012	2016	2012	2016
Much better	8.2%	4.6%	2.4%	3.3%	3.6%	7.2%	6.8%	3.2%
Better	30.1%	48.3%	29.9%	28.0%	26.0%	32.8%	11.9%	34.4%
Staying the same	48.6%	39.3%	59.1%	62.6%	57.4%	56.9%	79.7%	58.5%
Worse	10.3%	7.8%	7.9%	6.0%	10.7%	3.1%	1.7%	2.6%
Much worse	2.7%	0.0%	0.8%	0.0%	2.4%	0.0%	0.0%	1.3%
Can't say	5	2	4	3	1	2	1	4
Total	151	111	131	147	170	120	60	122

There was measurable and significant variation in the perception of how respondents' health and well-being was changing observed by respondents' age structure, with a clear relationship evident between age and the propensity to consider that their health and well-being was getting better or much better.

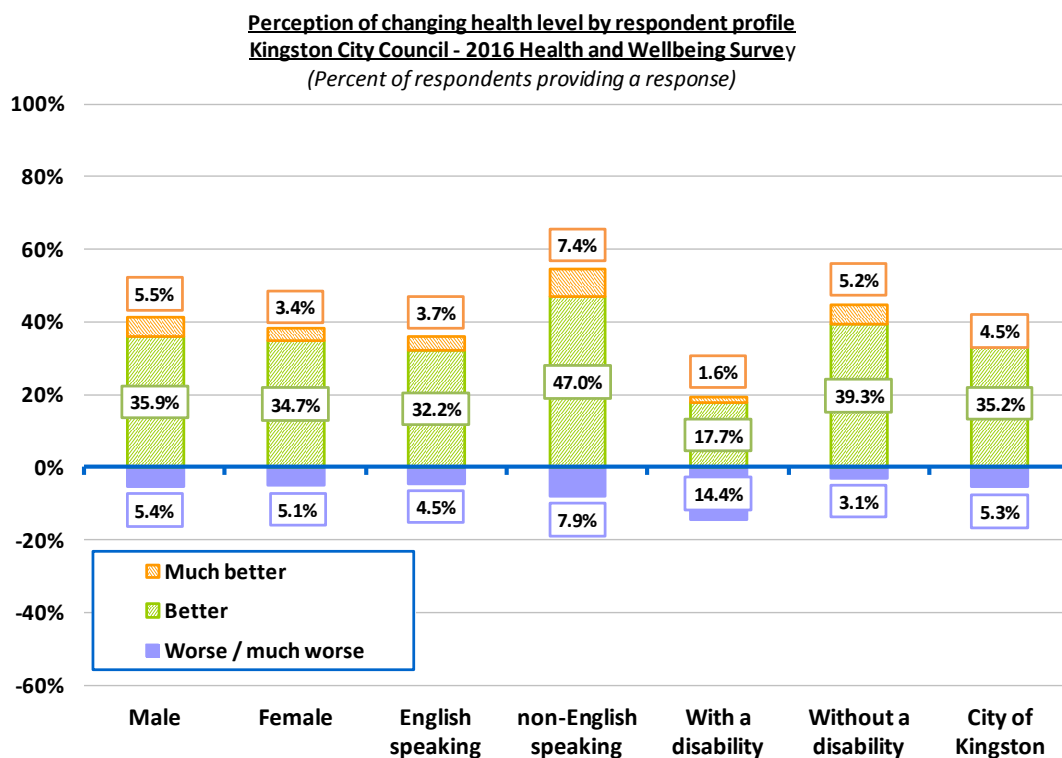
Particular attention is drawn to the following:

- ⊗ **Adolescents and young persons (aged 15 to 25 years)** – respondents were measurably more likely than other respondents to consider that their health and well-being was getting better.
- ⊗ **Older adults (aged 56 to 75 years)** – respondents were somewhat more likely than younger respondents to consider that their health and well-being was getting worse or much worse.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were measurably less likely than younger respondents to consider that their health and well-being was getting better, and somewhat more likely than younger respondents to consider that it was getting worse or much worse.



The following graph provides a comparison of these results by respondent profile. Attention is drawn to the following variation:

- ⊗ **Gender** - there was no meaningful variation in the perception of how respondents' health and well-being was changing observed between male and female respondents.
- ⊗ **Non-English speaking** – respondents from non-English speaking households were more diverse in their views of how their health and well-being was changing, with these respondents measurably more likely to consider that their health and well-being was getting better and somewhat more likely than English speaking respondents to consider it was getting much better, but also somewhat more likely to consider it was getting worse or much worse.
- ⊗ **Persons with a disability or long-term illness** – respondents with a disability or long-term illness were measurably less likely than other respondents to consider that their health and well-being was getting better or much better, and measurably more likely to consider that it was getting worse or much worse.





Safety

Safety in selected locations

Respondents were asked:

“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements”

Respondents were again in 2016 asked to rate their level of agreement with eight statements relating to them feeling safe at various locations and situations during the day and at night on a scale from one (strongly disagree) to five (strongly agree). These results have been indexed to an eleven point scale from zero (strongly disagree) to ten (strongly agree), where five is neutral (neither agree nor disagree).

Agreement with these eight statements can best be summarised as follows:

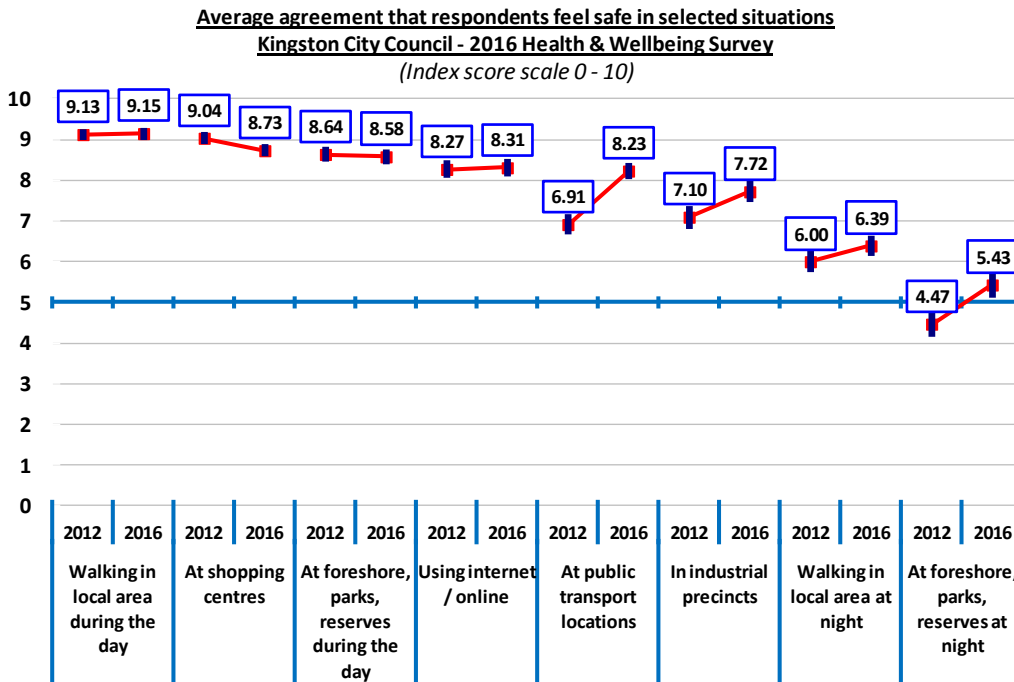
- ⊗ **Very strong agreement** – that respondents felt safe walking in their local area during the day, at shopping centres, at the foreshore, parks and reserves during the day, using the internet / whilst online, and at public transport locations. It is noted that more than four-fifths of respondents agreed with each of these five statements. Particular attention is drawn to the fact that less than five percent of respondents disagreed with any of these five statements.
- ⊗ **Strong agreement** – that respondents felt safe in industrial precincts, and three-quarters of respondents agreed with this statement, and less than ten percent disagreed.
- ⊗ **Solid agreement** – that respondents felt safe walking in the local area at night. A little more than half of the respondents agreed with this statement, whilst almost one-fifth disagreed.
- ⊗ **Mild agreement** – that respondents felt safe walking at the foreshore, parks, and reserves at night. Whilst a little less than half of the respondents agreed with this statement, attention is drawn to the fact that almost one-third disagreed.

Metropolis Research notes that the average agreement with six of the eight statements increased somewhat in 2016 from the scores reported in 2012, with the increase in agreement with safety at public transport locations, in industrial precincts, walking in the local area at night, and at the foreshore, parks and reserves at night all being statistically significant. These results in particular do strongly suggest that the perception of safety in the public areas of the City of Kingston at night has improved measurably since 2012.

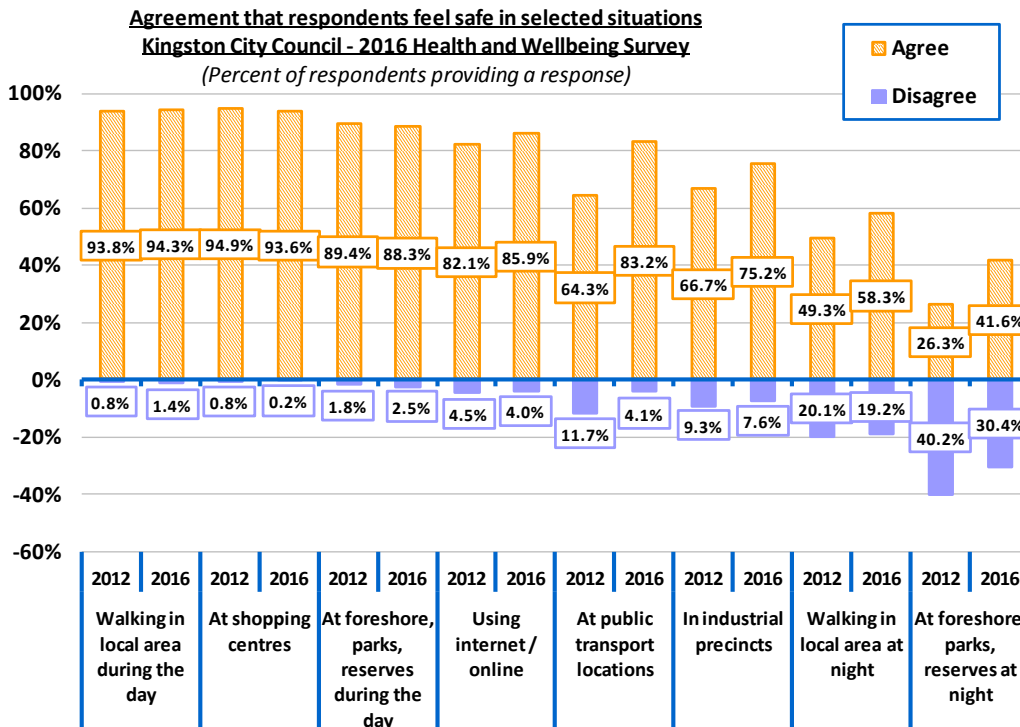
By way of comparison, the Metropolis Research *Governing Melbourne* research recorded an average perception of safety in the public areas of the local area across metropolitan Melbourne at night of 6.79 out of ten, and an average of 6.18 out of ten in the south eastern region of Melbourne (the region containing the City of Kingston).

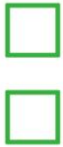


Average agreement that respondents felt safe at shopping centres and at the foreshore, parks and reserves during the day both declined marginally but not measurably in 2016 from the 2012 results.



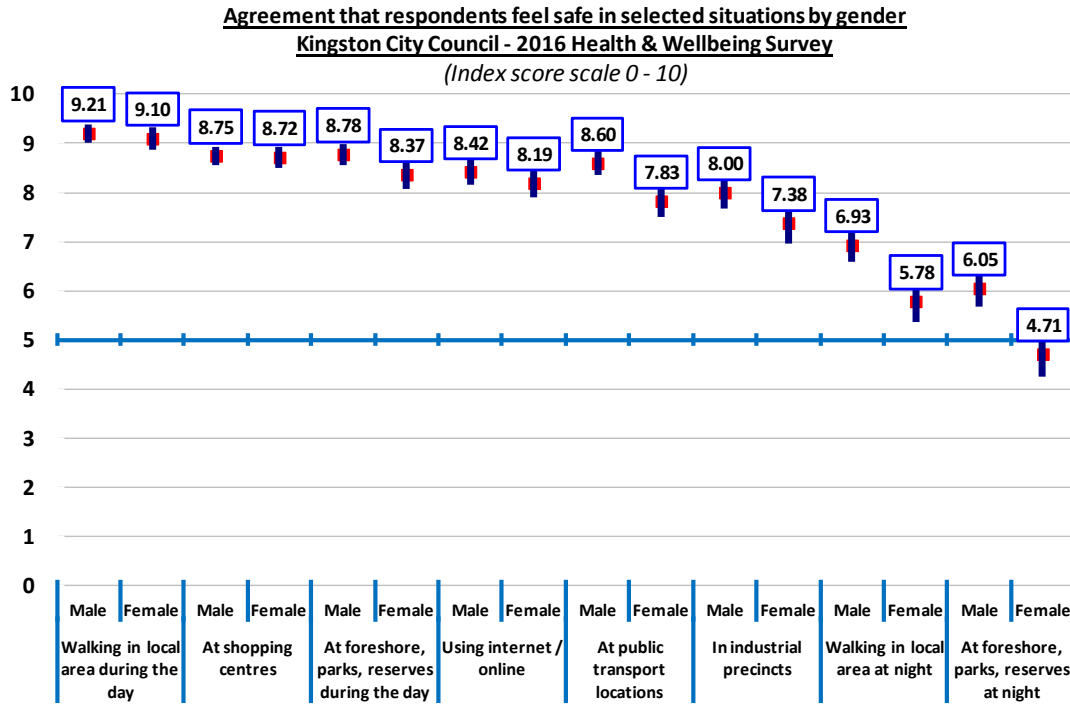
The following graph displays the percentage agreeing (rating four or five), those disagreeing (rating one or two). The percentages do not sum to one hundred percent as the remaining respondents rated agreement as neutral (i.e. three out of five).





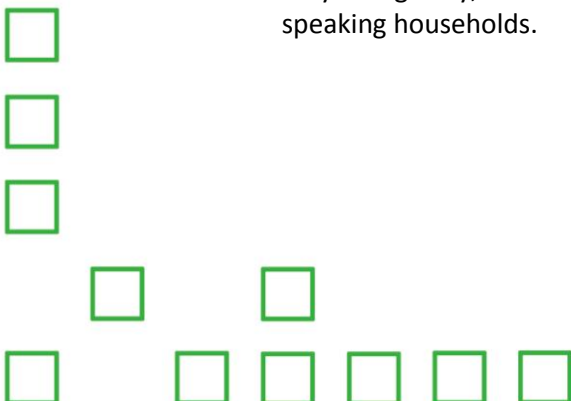
The following graph provides a comparison of the average agreement with the eight safety related statements by gender, with attention drawn to the following:

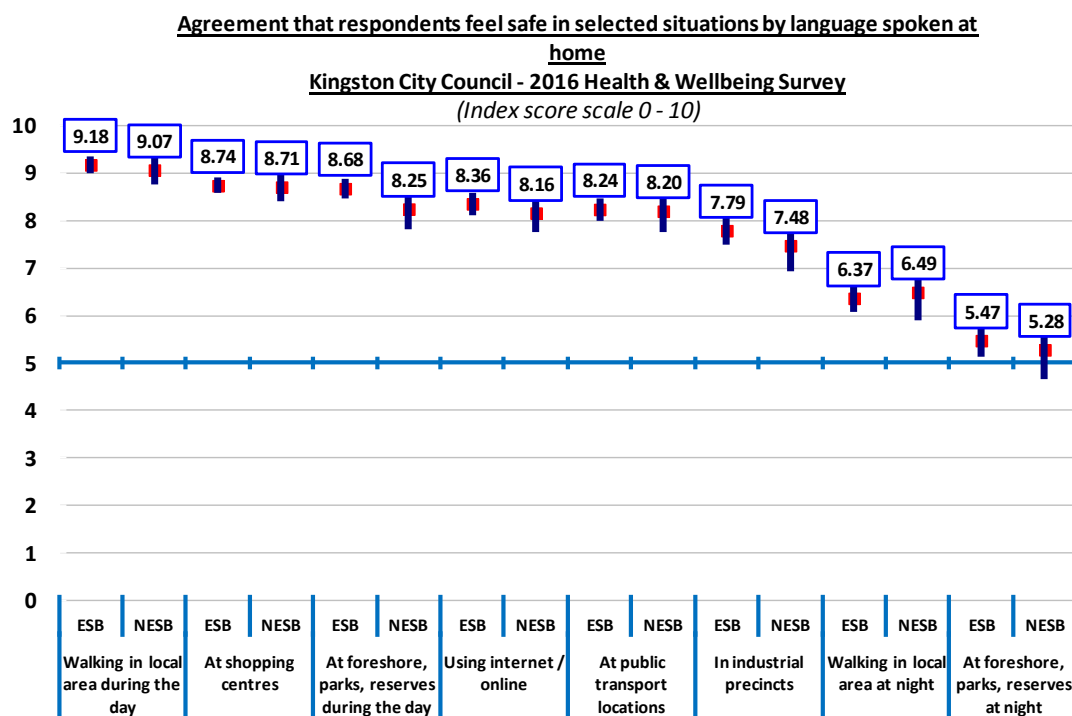
- ⊗ **Female** – respondents rated agreement with the perception of safety walking in the local area at night, at public transport locations, and at the foreshore, parks and reserves at night measurably and significantly lower than male respondents.



The following graph provides a comparison of the average agreement with the eight safety related statements by language spoken at home, with attention drawn to the following:

- ⊗ **Non-English speaking** – respondents from non-English speaking households rated agreement with seven of the eight statements marginally, albeit not measurably lower than respondents from English speaking households.
 - Particular attention is drawn to the lower average agreement with the statement relating to safety at the foreshore, parks and reserves during the day.
- ⊗ **English speaking** – respondents from English speaking households rated agreement with the statement related to safety walking in the local area at night very marginally, but not measurably lower than respondents from non-English speaking households.



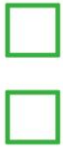


The following graph provides a comparison of the average agreement with the eight safety related statements for respondents identifying as having a permanent or long-term disability or illness (the YES results in the graph), and those without a disability or long-term illness (the NO results in the graph).

Metropolis Research draws attention to the fact that respondents identifying as having a permanent or long-term disability or illness were marginally but not measurably less in agreement with six of the eight safety related statements. It is very likely that the reason that the variation in results between respondents with a disability or long-term illness and those without is not statistically significant is, at least in part, due to the fact that the sample of respondents with a disability or long-term illness is not sufficiently large to guarantee statistical significance. The results are however still of significant interest and utility.

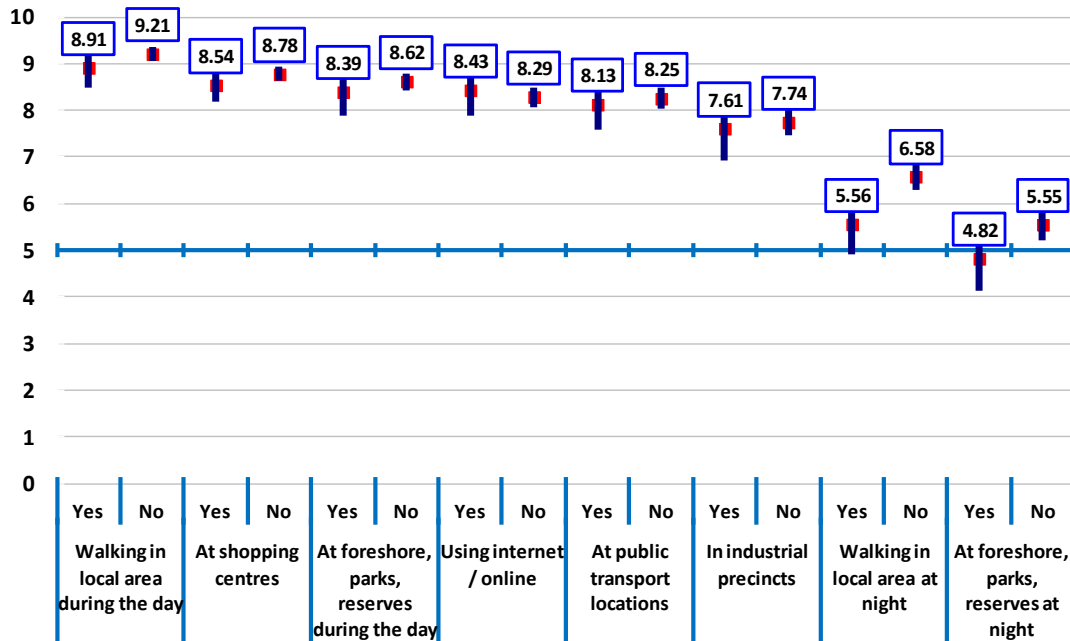
Particular attention is drawn to the following results:

- ⊗ **Disability or long-term illness** – respondents with a disability or long-term illness were marginally, albeit not measurably less in agreement than other respondents that they feel safe walking in the local area during the day, at shopping centres, at the foreshore, parks or reserves during the day, at public transport locations, in industrial precincts, and at the foreshore, parks or reserves at night.
- ⊗ **Disability or long-term illness** – respondents with a disability or long-term illness were marginally, albeit not measurably more in agreement than other respondents that “I feel safe online (using the internet)”.



- ⊗ **Disability or long-term illness** – respondents with a disability or long-term illness were measurably and significantly less in agreement than other respondents that “I feel safe walking in the local area at night”.

Agreement that respondents feel safe in selected situations by disability / illness status
Kingston City Council - 2016 Health & Wellbeing Survey
 (Index score scale 0 - 10)



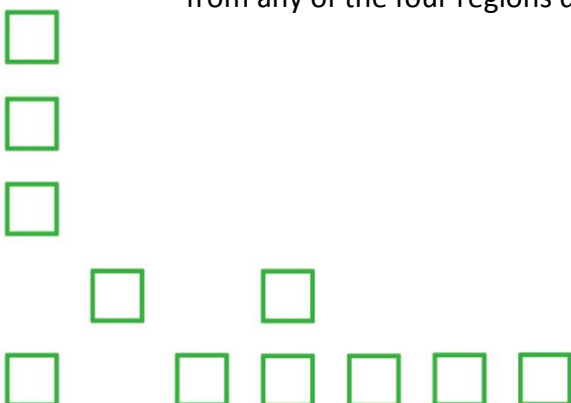
Safety walking in the local area during the day by region

There was no meaningful variation in the average agreement related to safety walking in the local area during the day observed across the four regions comprising the City of Kingston. Nor was there any meaningful variation in the regional results between the survey in 2012 and 2016.

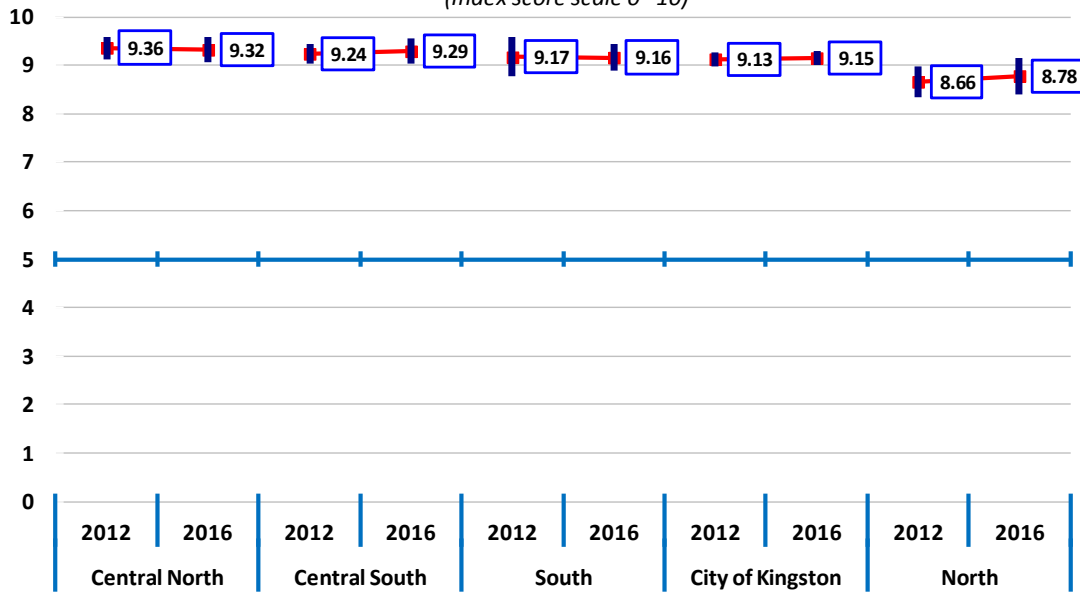
It is noted however that:

- ⊗ **North** – respondents rated agreement measurably but not significantly lower than the municipal average.

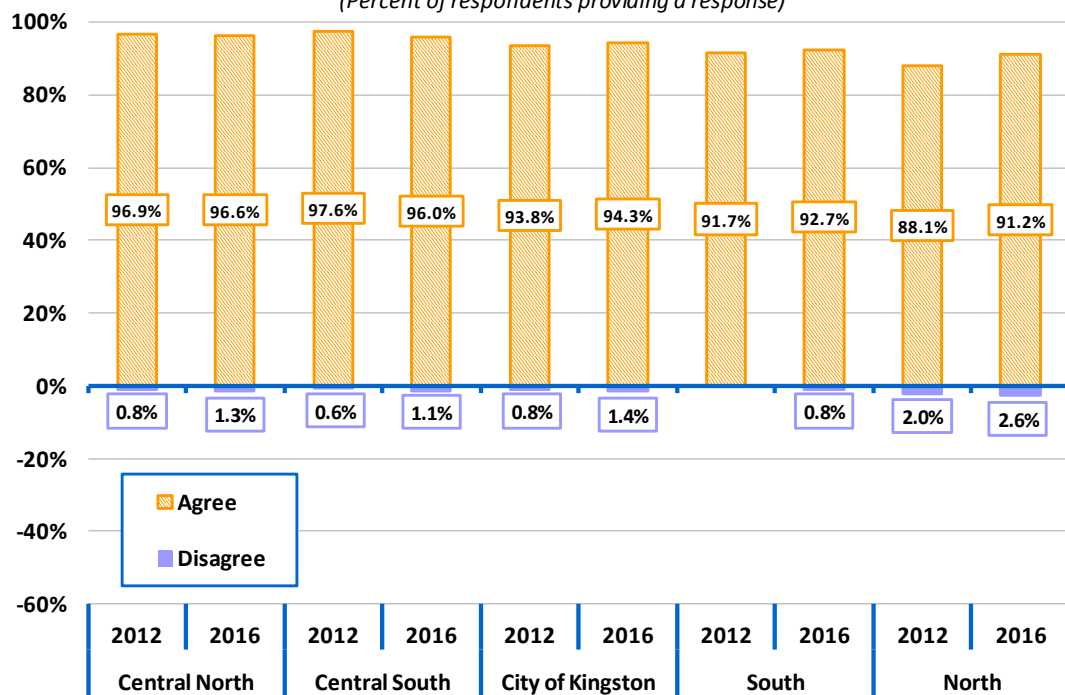
Consistent with the relatively similar average agreement scores for the statement relating to safety walking in the local area during the day, Metropolis Research notes that more than ninety percent of respondents providing a response to this question agreed with the statement, and less than three percent of respondents from any of the four regions disagreed.



Agreement with "I feel safe walking in my local area during the day" by region
Kingston City Council - 2016 Health & Wellbeing Survey
 (Index score scale 0 - 10)



Agreement that "I feel safe walking in local area during the day" by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)





Safety walking in the local area at night by region

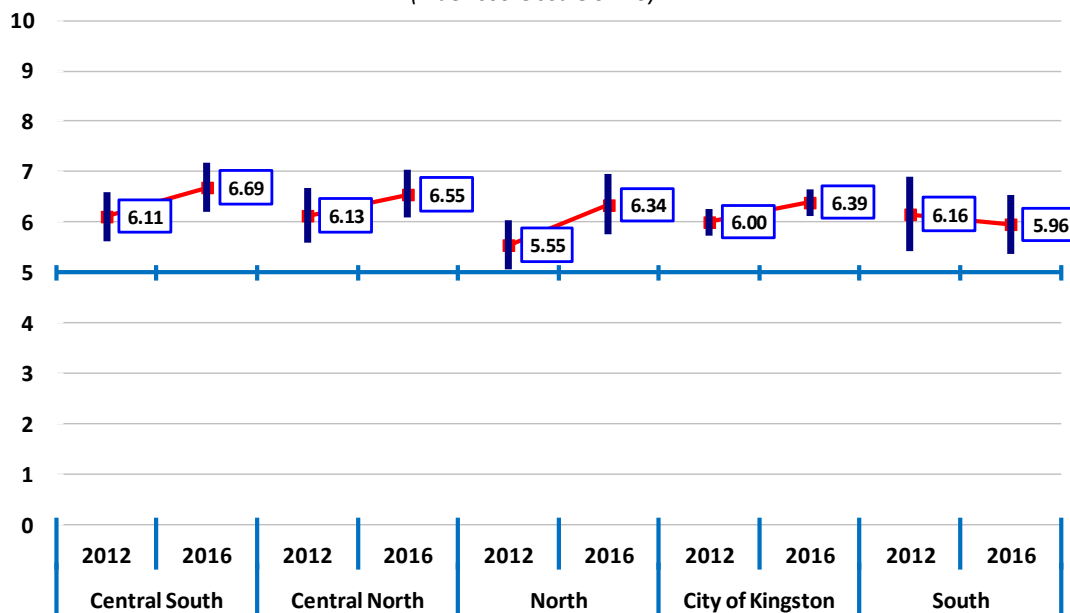


There was a greater level of diversity in the average agreement with the statement related to feeling safe walking in the local area at night than was observed previously in the statement relating to safety walking in the local area during the day.

Metropolis Research notes that despite the greater diversity in the results, there was no statistically significant variation across the four regions in the average agreement that respondents felt safe walking in the local area at night.

Attention is drawn to the fact that average agreement with this statement increased somewhat, albeit not measurably in three of the four regions comprising the City of Kingston. Respondents in South rated agreement with the statement very marginally but not measurably lower in 2016 than in 2012.

Agreement with "I feel safe walking in my local area at night" by region
Kingston City Council - 2016 Health & Wellbeing Survey
 (Index score scale 0 - 10)



Despite the fact that there was no statistically significant variation in the average agreement with this statement, it is observed that there was a statistically significant increase in the proportion of respondents from the City of Kingston and North that agreed with the statement.

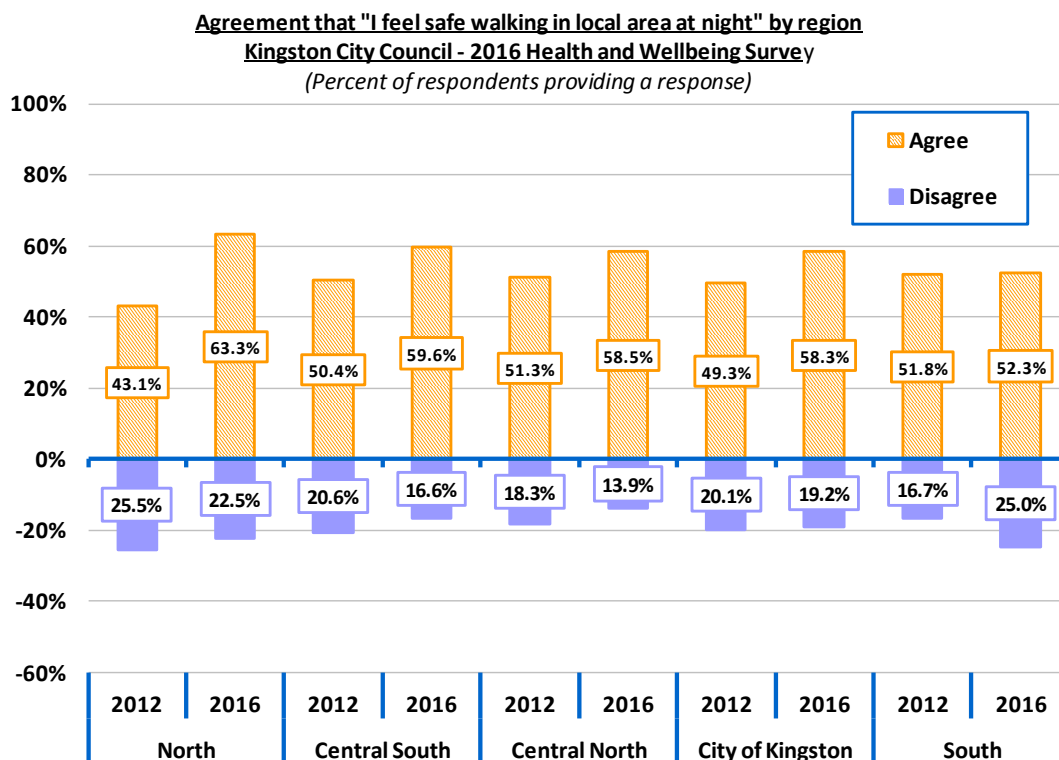


There was a significant, albeit not measurable increase in the proportion of respondents from Central South and Central North that agreed with the statement.



More than half of the respondents in each of the four regions providing a response to this question in 2016, agreed with the statement that they felt safe walking in the local area at night.

Attention is however drawn to the fact that between a little less than one-sixth and a little more than one-quarter of respondents from each of the four regions disagreed with this statement.



Reasons for feeling less safe

Respondent disagreeing with any of the eight statements were asked:

"If any of these rated less than 3, why do you say that?"

Respondents who disagreed with any of the eight safety related statements (i.e. rating one or two out of five) were asked the reasons why they disagreed. These open-ended comments have been broadly categorised and are presented in the following table.

The most common reasons identified by respondents for why they disagreed with the eight safety related comments were around issues with people, youth and gangs, lighting, and online safety. Metropolis Research notes that there were significantly fewer comments received in 2016 than were received in 2012. This is likely to be a reflection of the fact that fewer respondents disagreed with the safety related statements in 2016 than in 2012.



Reasons for disagreeing with safety related comments
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent of total respondents)

Reasons	2016		2012
	Number	Percent	
Issues due to people	9	19.1%	14.0%
Youth and gangs related (including drugs & alcohol)	6	12.8%	13.0%
Lighting related	5	10.6%	6.7%
Computer / internet / online safety	5	10.6%	4.1%
Safety at night	4	8.5%	13.0%
Issues relating to the media	4	8.5%	6.2%
General safety related comments	2	4.3%	17.1%
Personal experience	2	4.3%	7.8%
Safety around public transport	2	4.3%	3.1%
Issues due to gender	2	4.3%	3.1%
Other comments	6	12.8%	7.3%
Total comments	47	100%	193

Reasons for disagreeing with safety related comments
Kingston City Council - 2016 Health and Well-being Survey
 (Number of responses)

Comments	Number
<i>General safety related comments</i>	
A lot of crime lately	1
Because park and local area become quiet, anything can happen	1
<i>Perception of safety due to people</i>	
Just don't go out at night, shady people	3
People with knives	2
Shady characters	2
Lots of people hanging around	1
There has been someone hanging around at night near my house	1
<i>Perception of safety at night</i>	
At night it is dark. No one goes out	2
Don't go out at night	1
Night time can be a bit dangerous on dark streets	1
<i>Perception of safety through personal experience</i>	
I had burglary in my house couple of months ago	1
My car was stolen recently	1



Reasons for disagreeing with safety related comments
Kingston City Council - 2016 Health and Well-being Survey
 (Number of responses)

Comments	Number
<i>Drugs / alcohol / youth / gangs</i>	
Drunk people around	1
It seems like there are more and more people around affected by alcohol and drugs	1
Not safe at all, there are teenage kids and gangs	1
Pubs here are the biggest trouble, teens are doing nasty things	1
There are problems with drugs and alcohols	1
Too many drug users and youth	1
<i>Perception of safety due to inadequate lighting</i>	
Not enough street lighting	3
It's dark, you don't know what's in the bush	1
There is no good lighting	1
<i>Perception of safety through media and other people</i>	
Hear about things, home invasions	2
Heard of attacks	2
<i>Safety on in the Internet / computers</i>	
Cyber bullying needs to be stopped	1
Internet speed and access	1
Internet, because of scams - hear about things happening, can't see as well	1
Little bit unsure how to use internet	1
Online fraud and hacking	1
<i>Perception of safety around public transportation</i>	
Frankston line	1
Gangs hanging around and drug dealers	1
<i>Perception of safety being a female</i>	
Don't feel safe as a female	2
<i>Other</i>	
There is not much traffic	2
Can't see as well	1
Graffiti and stolen cars	1
State of society now	1
Threatening society we are living in	1
Total	47





Family violence

Respondents were asked:

“Which, if any, of the following actions do you believe are examples of family violence?”

Respondents were again in 2016 asked whether they considered seven selected actions to be examples of family violence either always, sometimes (i.e. depending on circumstance) or never. Attention is drawn to the fact that consistent with the results recorded in 2012, a large majority of respondents considered each of the seven actions to always be examples of family violence.

It is observed however that the proportion of respondents who considered four of the seven actions to always be examples of family violence declined marginally in 2016 from the results recorded in 2012.

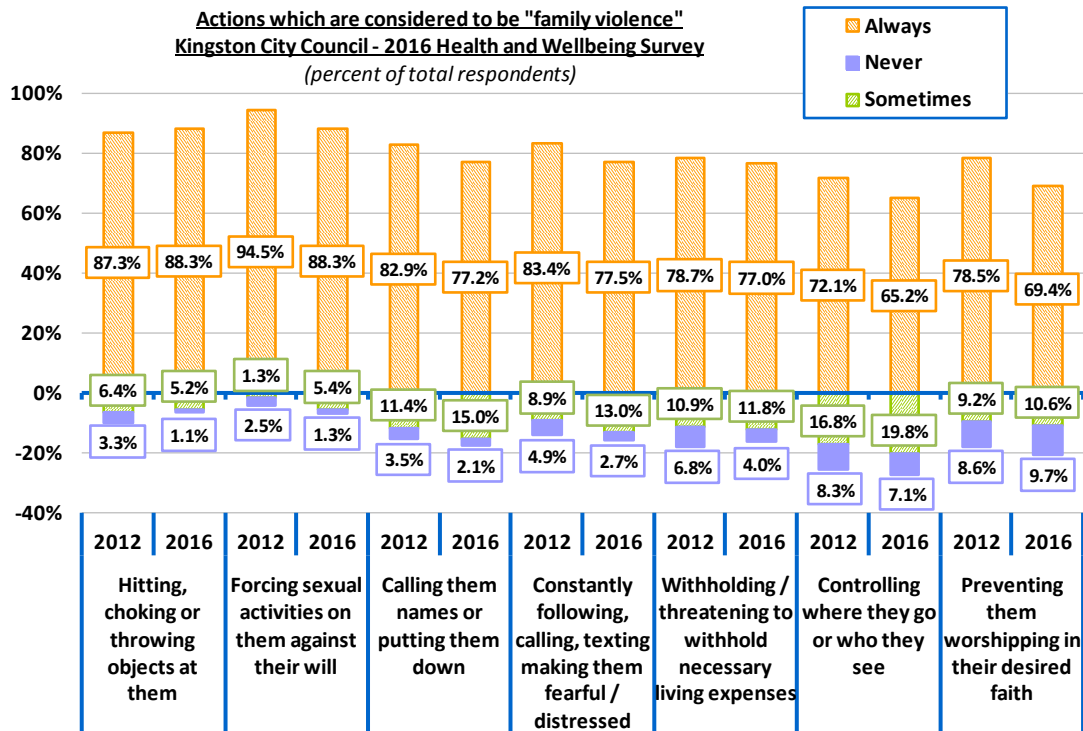
There was a significant decline in the proportion of respondents who considered that controlling where a family member goes and who they see (65.2% down from 72.1%), and preventing a family member from worshipping in their desired faith (69.4% down from 78.5%) to always be examples of family violence.

There was a marginal increase in the proportion of respondents who considered that hitting, choking or throwing objects at a family member to always be examples of family violence (88.3% up from 87.3%).

There was some variation between the seven different actions, with attention drawn to the following:

- ⊗ **Almost ninety percent** - of respondents considered the two direct physical actions to always be examples of family violence (i.e. hitting, choking or throwing objects at a family member, or forcing sexual activities on a family member).
- ⊗ **Three-quarters** – of respondents considered verbal abuse, instilling fear and distress through excessive contact, and withholding living expenses to always be examples family violence.
- ⊗ **Two-thirds** – of respondents considered controlling where a family member goes or who they see to always be an example of family violence. In the view of Metropolis Research, this is a more complicated question for many respondents than are many of the other included actions, particularly parents with children. The question did not specify adult members of the family, and it is reasonable to assume that some respondents who consider that this action is not always an example of family violence may well hold the view that they feel they should reasonably control where their children go and who their children see.
- ⊗ **Two-thirds** – of respondents considered that preventing a family member from worshipping in their desired faith was always an example of family violence.

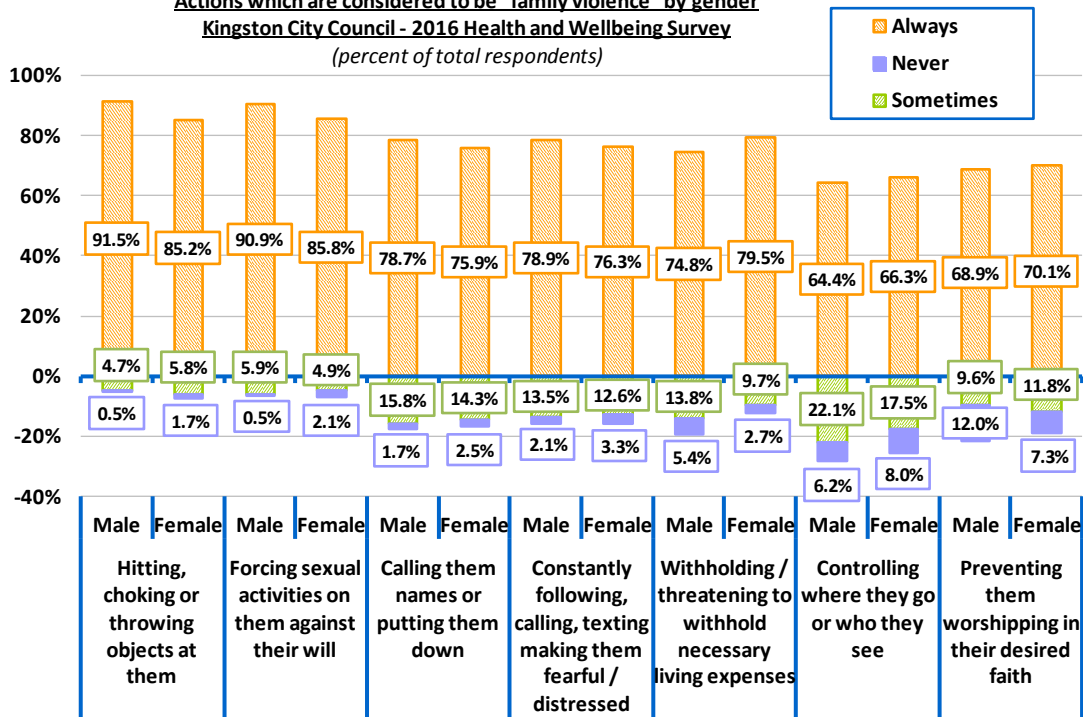




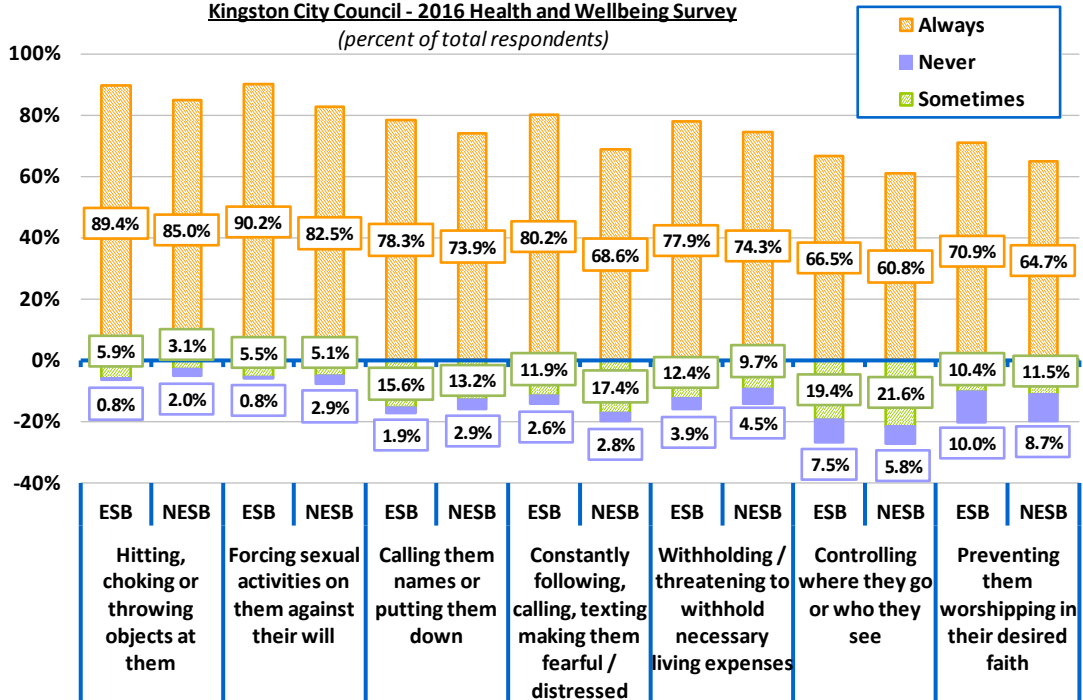
The following graphs provide a comparison of these results between male and female respondents, and between respondents from English and non-English speaking households. Some interesting variation is observed as follows:

- ⊗ **Male** – respondents were marginally more likely than female respondents to always consider to be acts of family violence any of: hitting, choking or throwing objects at a family member, forcing sexual activity against another’s will, calling another family member names or putting them down, or constantly following, calling or texting a family member causing them distress or making them fearful. This is a very significant finding and a reversal of the results recorded in 2012. It does suggest that in the City of Kingston male respondents are very aware of their responsibilities particularly in relation to physical violence towards other family members. This may well reflect in the view of Metropolis Research a number of factors including potentially the very significant community education campaigns that have been undertaken in recent years targeted specifically at men.
- ⊗ **Female** – respondents were marginally more likely than male respondents to always consider to be acts of family violence any of: withholding or threatening to withhold necessary living expenses, controlling where a family member goes or who they see, or preventing another from worshipping in their desire faith.
- ⊗ **English speaking** – respondents from English speaking households were somewhat more likely than respondents from non-English speaking households to always consider each of the seven included actions to always be examples of family violence. Metropolis Research notes that this pattern of results between English and non-English speaking communities has been observed elsewhere across metropolitan Melbourne by Metropolis Research over an extended period of time.

Actions which are considered to be "family violence" by gender
Kingston City Council - 2016 Health and Wellbeing Survey
 (percent of total respondents)



Actions which are considered to be "family violence" by language spoken at home
Kingston City Council - 2016 Health and Wellbeing Survey
 (percent of total respondents)

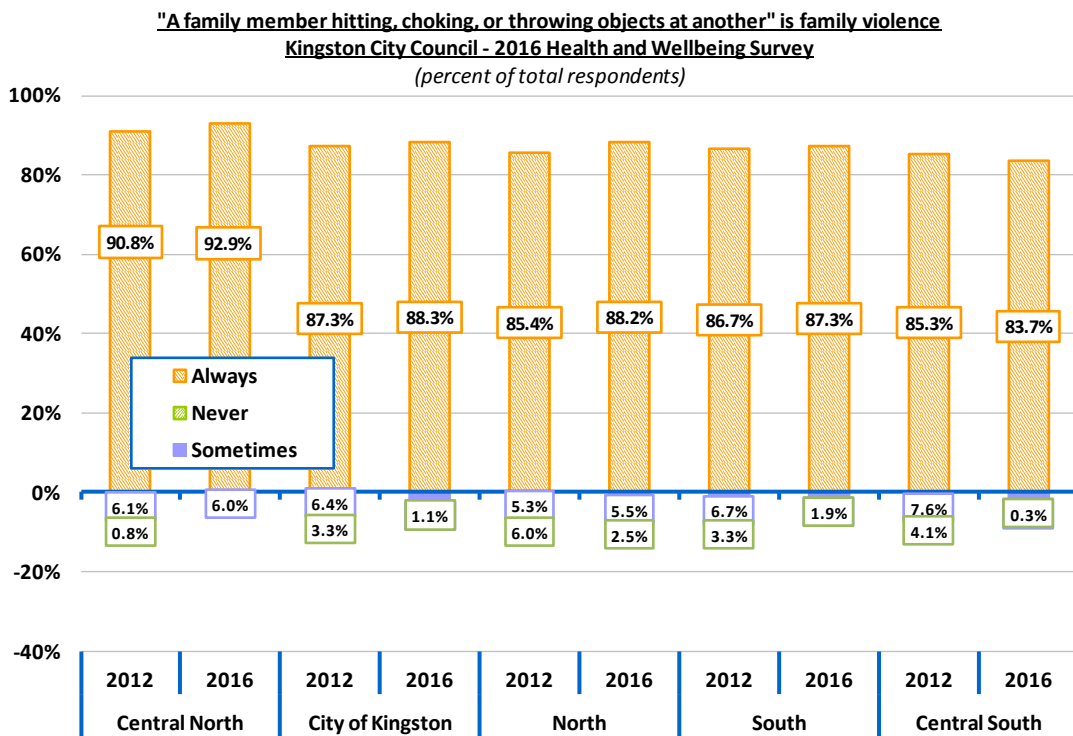


There was relatively little meaningful variation in the proportion of respondents who considered that hitting, choking or throwing objects at another family member is always an act of family violence observed across the four regions comprising the City of Kingston. It is noted however that:

- ⊗ **Central North** – respondents were marginally more likely than average to always consider this an act of family violence.

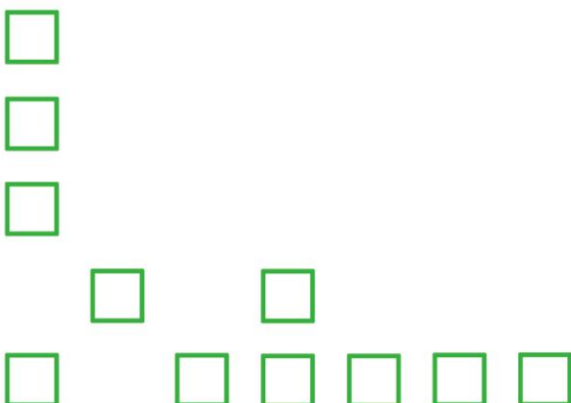
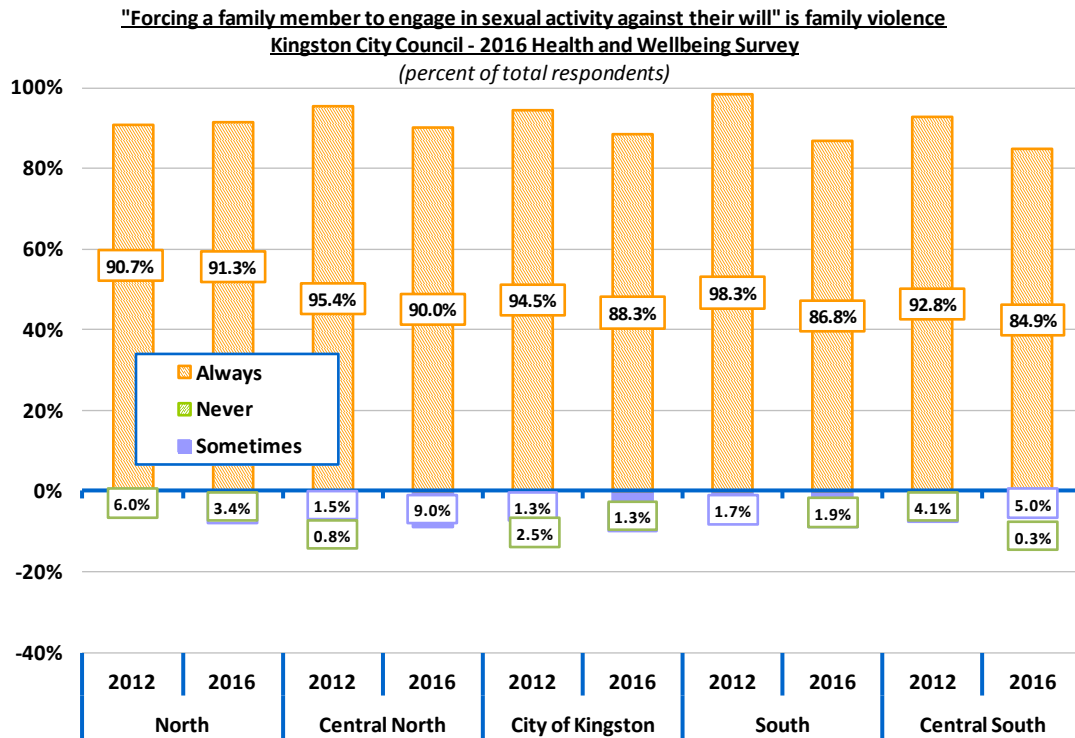
It is observed that that the proportion of respondents considering this action to always be an example of family violence increased marginally in 2016 from the results recorded in 2012 in three of the four regions.

The proportion of Central South respondents considering this to be always an example of family violence declined marginally but not measurably in 2016.



There was relatively little meaningful variation in the proportion of respondents considering a family member forcing another to engage in sexual activity against their will to always be an example of family violence observed across the four regions comprising the City of Kingston.

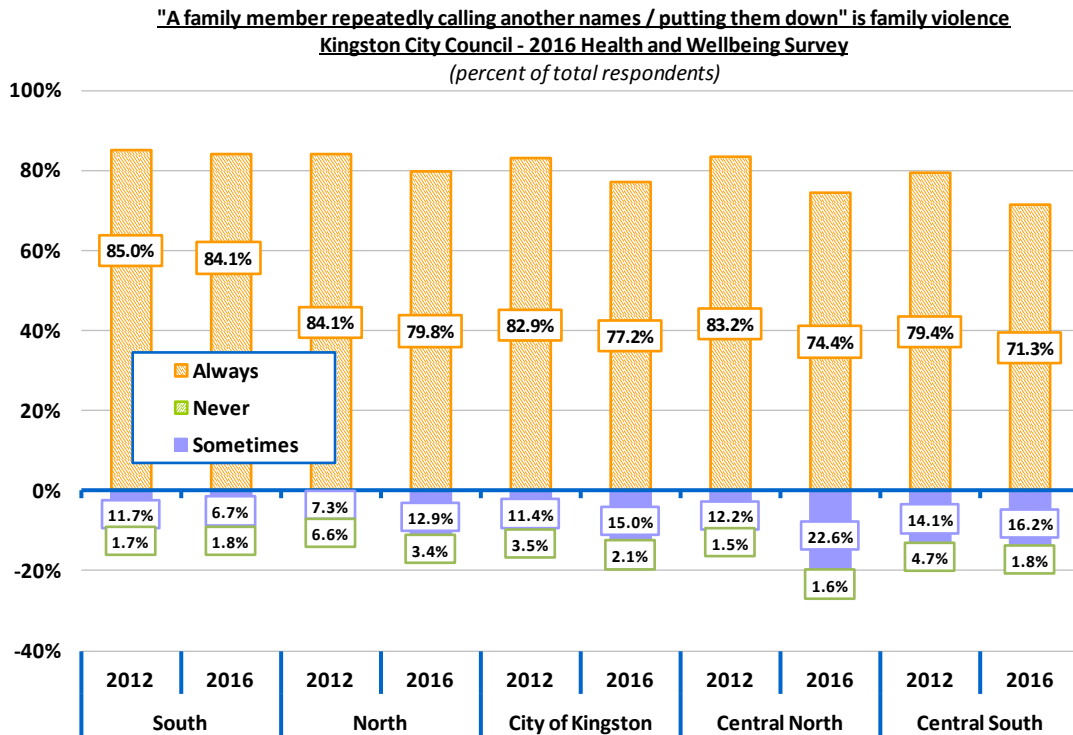
It is noted however that the proportion did decline in three of the four regions of Kingston, with particular attention drawn to the decline recorded in South between 2012 and 2016 (down from 98.3% to 86.8%).



The proportion of respondents considering that a family member repeatedly calling another names or putting them down to always be an example of family violence declined marginally in each of the four regions comprising the City of Kingston.

There was also some variation in the 2016 results observed across the municipality with attention drawn to the following:

- ⊗ **South** – respondents were somewhat more likely than average to always consider a family member repeatedly calling another member names or putting them down to always be an example of family violence.
- ⊗ **Central South** – respondents were somewhat less likely than average to always consider a family member repeatedly calling another names or putting them down to always be an example of family violence.

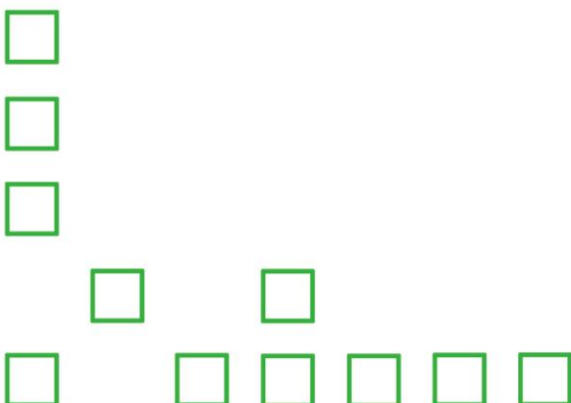
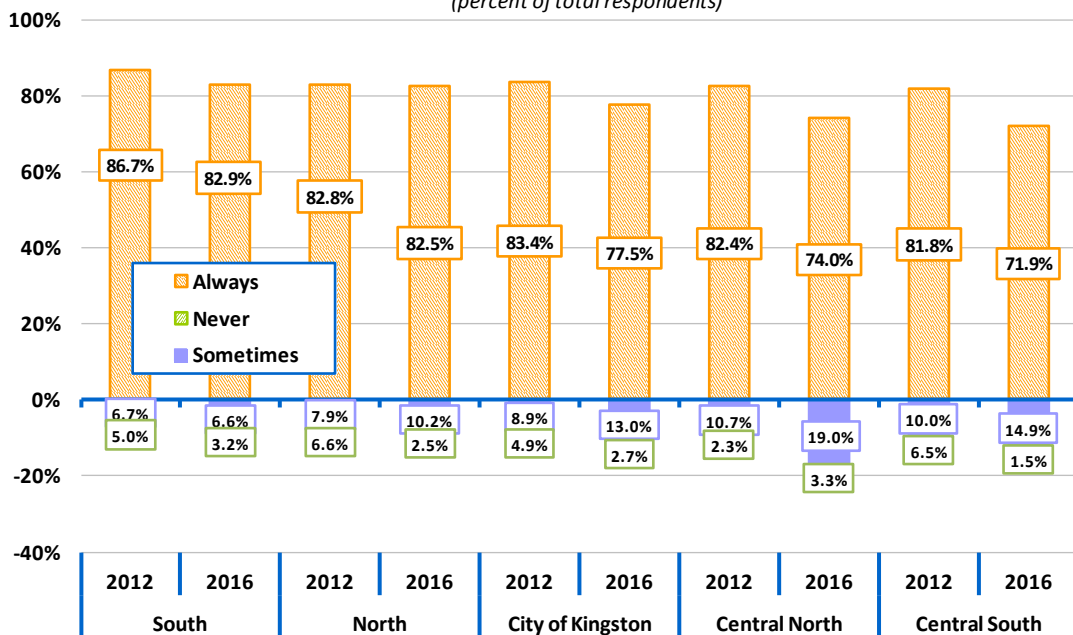


There was a small decline in the proportion of respondents considering that a family member constantly following, calling or texting another making them distressed or fearful to always be an example of family violence observed for respondents from each of the four regions comprising the City of Kingston.

There was some variation in the 2016 results observed across the four regions, with attention drawn to the following:

- ⊗ **South** – respondents were marginally more likely than average to consider that a family member constantly following, calling or texting another making them distressed or fearful to always be an example of family violence.
- ⊗ **Central South** – respondents were marginally less likely than average to consider that a family member constantly following, calling or texting another making them distressed or fearful to always be an example of family violence.

"A family member constantly following, calling or texting another making them distressed or fearful, " is family violence
Kingston City Council - 2016 Health and Wellbeing Survey
 (percent of total respondents)

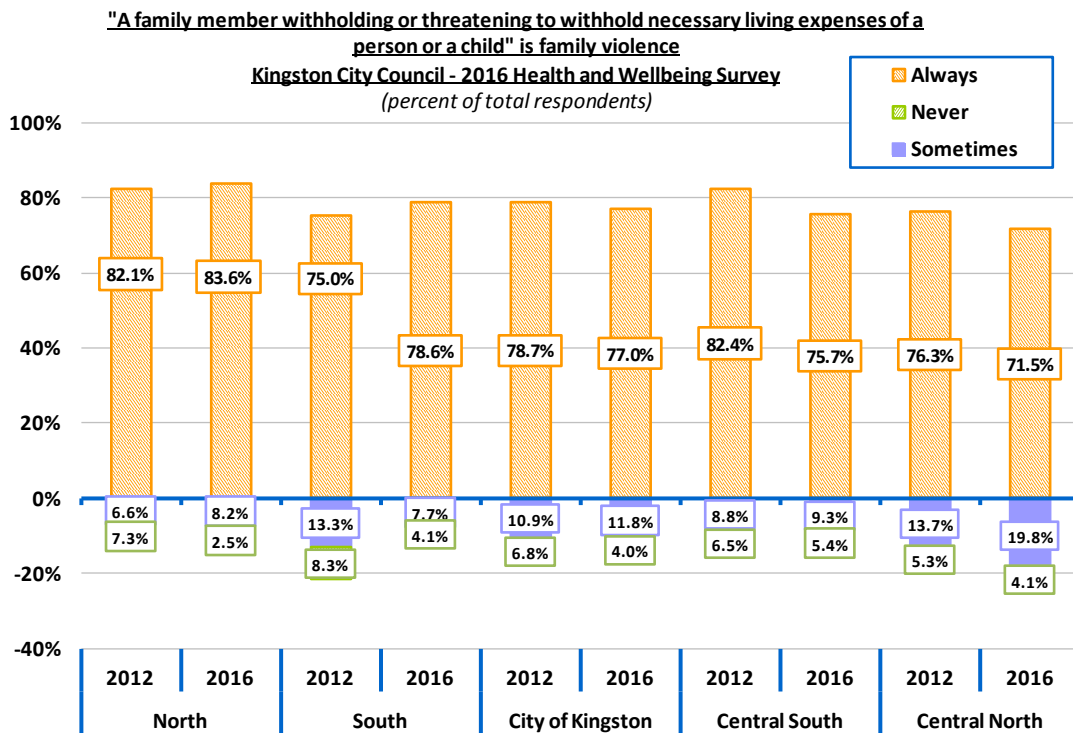


The proportion of respondents considering that a family member withholding or threatening to withhold necessary living expenses of a person or a child to always be an example of family violence increased very marginally in two regions (North and South) and declined somewhat in two regions (Central South and Central North) between 2012 and 2016.

Particular attention is drawn to the decline reported in Central South, which declined from 82.4% in 2012 to 75.7% in 2016.

There was some variation in the 2016 results observed across the four regions comprising the City of Kingston, with attention drawn to the following:

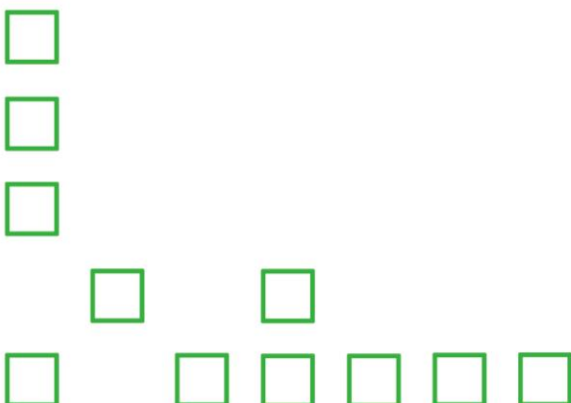
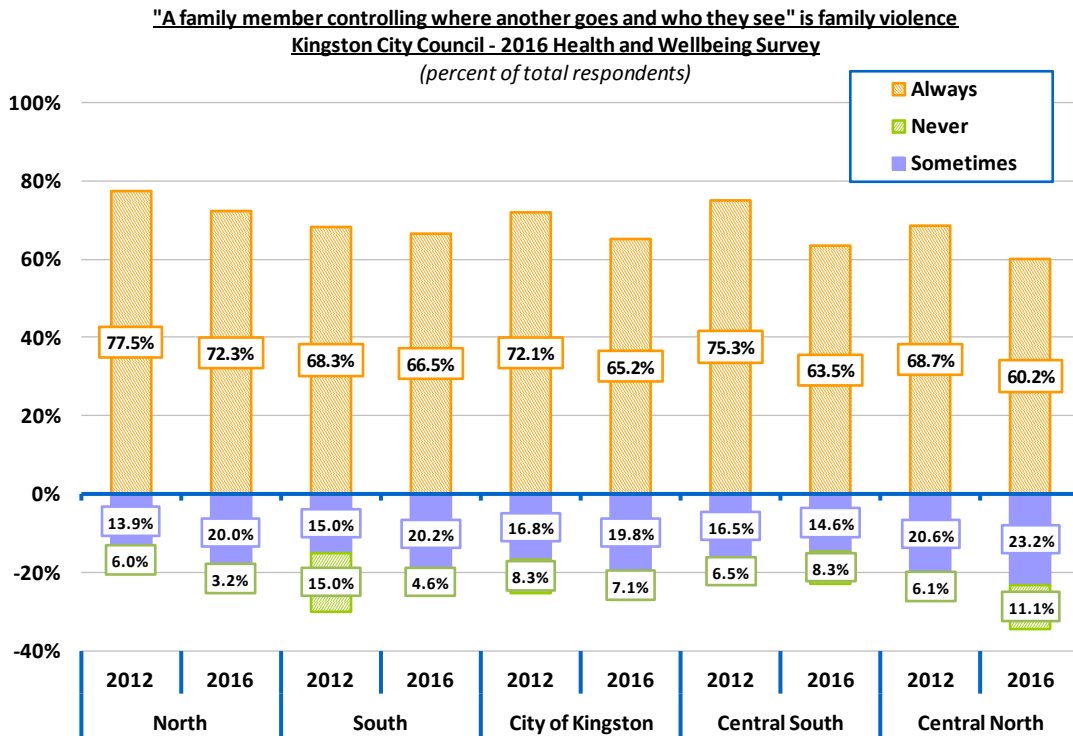
- ⊗ **North** – respondents were marginally more likely than average to consider that a family member withholding or threatening to withhold necessary living expenses of a person or a child to always be an example of family violence.
- ⊗ **Central North** – respondents were marginally less likely than average to consider that a family member withholding or threatening to withhold necessary living expenses of a person or a child to always be an example of family violence.



There was a marginal decline in the proportion of respondents considering that a family member controlling where another goes and who they see to always be an example of family violence for respondents from each of the four regions between 2012 and 2016.

Particular attention is drawn to the significant decline in this result observed for respondents from Central South, and to a lesser extent Central North.

There was relatively little meaningful variation in this result observed across the four regions comprising the City of Kingston, although it is noted that respondents from North were marginally more likely to always consider this action to be an example of family violence, and respondents from Central North were marginally less likely.

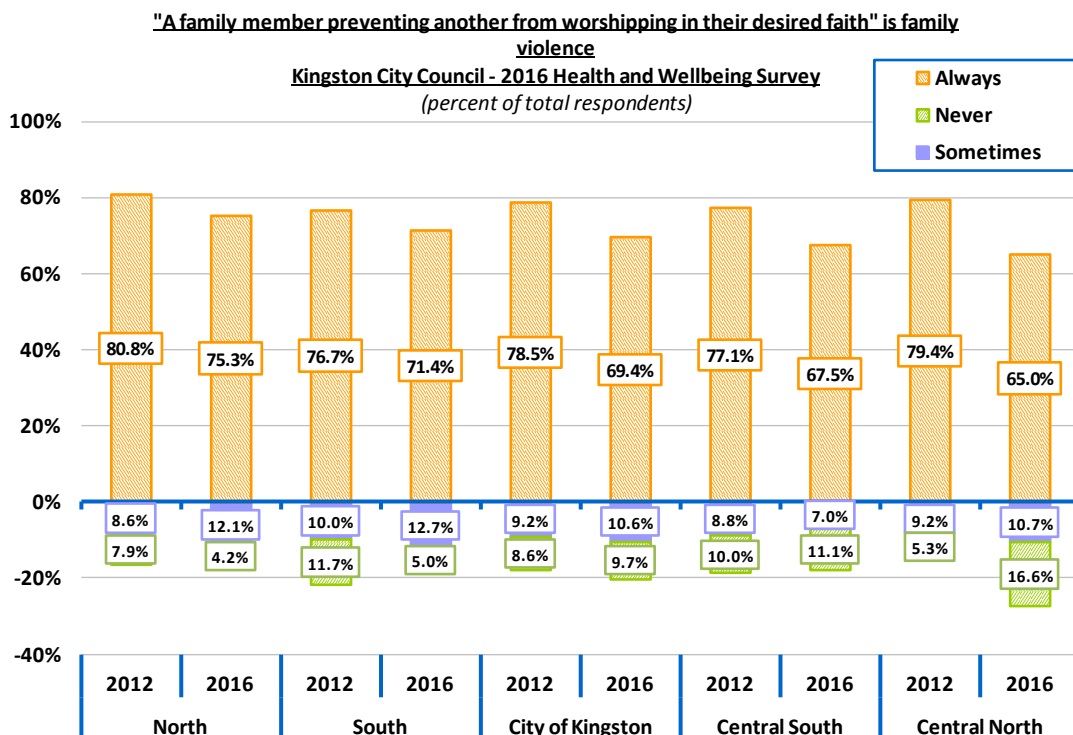


The proportion of respondents considering that a family member preventing another from worshipping in their desired faith to always be an example of family violence declined marginally between 2012 and 2016 in each of the four regions comprising the City of Kingston.

Particular attention is drawn to the significant increase in the proportion of respondents from Central North that consider that this action is never an example of family violence, more than three times the result recorded for respondents from this region in 2012.

There was relatively little significant variation in the 2016 results observed across the four regions comprising the City of Kingston, although attention is drawn to the following:

- ⊗ **North** – respondents were marginally more likely than average to consider a family member preventing another from worshipping in their desired faith to always be an example of family violence.
- ⊗ **Central North** – respondents were very marginally less likely than average to consider a family member preventing another from worshipping in their desired faith to always be an example of family violence, and substantially more likely than average to consider it to never be an example of family violence.





Sense of community



Respondents were asked:

“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”

The survey included a total of twenty-four separate statements relating to various aspects of respondents lifestyle, health, access to services and facilities, and the local sense of community. These twenty-four statements have been split into five groups of statements, as follows:

- ⊗ **Lifestyle related** – including statements related to playing an active role in the community, feeling isolated and out of contact with other people, managing stress, and feeling a sense of optimism about the future.
- ⊗ **Health related** – including statements related to negative impacts on households from alcohol consumption, over the counter / prescription medications, smoky environments, and information to protect against sexually transmitted diseases.
- ⊗ **Gambling related** – including statements related to negative impacts from online gambling, pokies, and other forms of gambling.
- ⊗ **Community related** – including statements related to opportunities to have a real say on important issues, the look and feel of the local area, turning to the neighbours for help, and feeling a sense of belonging to a community.
- ⊗ **Services related** – including statements related to the quality of parks, playgrounds and open spaces, access to fresh and affordable food, adequate community services in the local area, ease of finding out what services are available, access to a GP, access to dental services, access to mental health services, and access to other medical / health services.

Respondents were asked to rate their agreement with these statements on a five point scale from one (strongly disagree) to five (strongly agree), where three is neither agree nor disagree. The following sections provide a table with these results summarised into those that agreed (rating four or five), neutral (rating three), and disagreed (rating one or two).

The results have also been indexed on a scale of zero (strongly disagree) to ten (strongly agree), where five is neutral. This has been undertaken to facilitate ease of analysis of the results and to easily compare variation in average agreement between regions and groups of respondents. The graphs provide the average agreement score (the number in each of the blue boxes), as well as the 95% confidence interval (the blue vertical bar for each aspect).



Metropolis Research draws attention to the fact that some of the statements included in this section were worded in the positive, and some were worded in the negative. When examining the result therefore it is important to bear in mind that:



- ⊗ For the positive statements (e.g. I feel a sense of optimism for about the future) a higher score is reflective of a positive result.
- ⊗ For the negatively worded statements (e.g. alcohol consumption has a negative impact on my household) a lower score is reflective of a positive result.

Lifestyle related

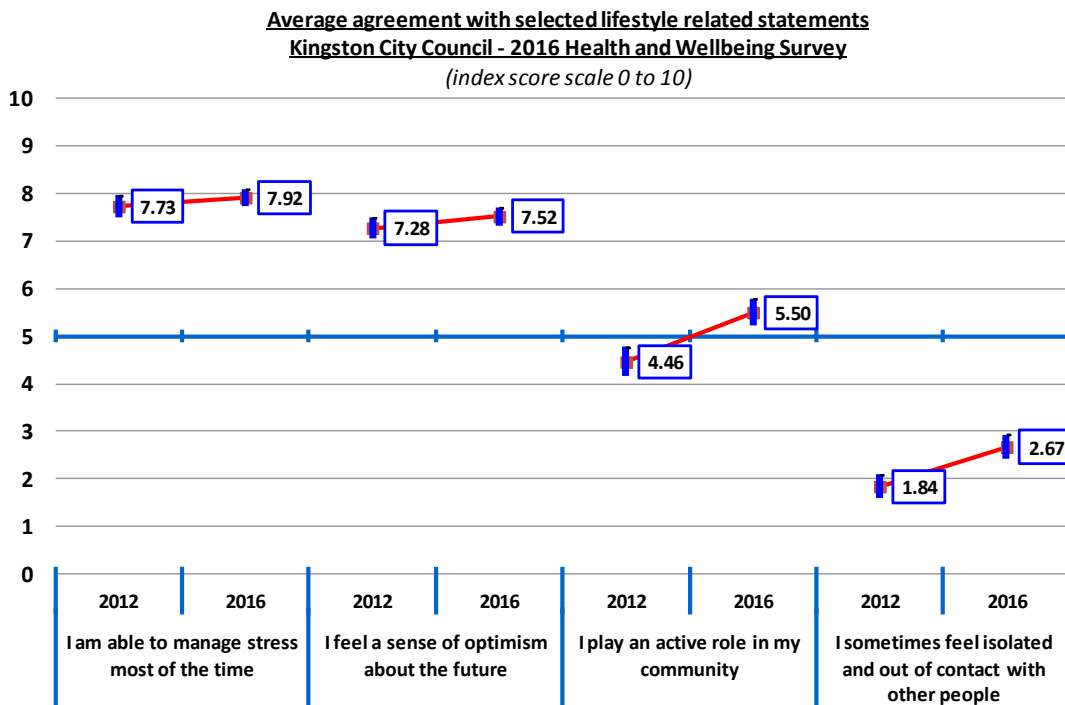
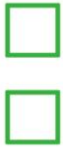
The average agreement with the four lifestyle related statements all increased somewhat in 2016 from the results recorded in 2012. Particular attention is drawn to the statistically significant increase in agreement that “I play an active role in my community” as well as with the statement “I sometimes feel isolated and out of contact with other people”.

These average agreement scores can best be summarised as follows:

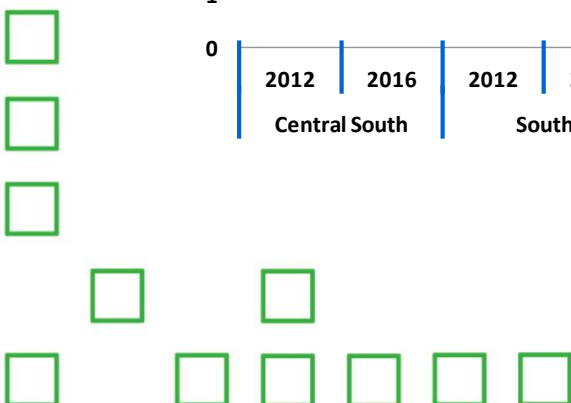
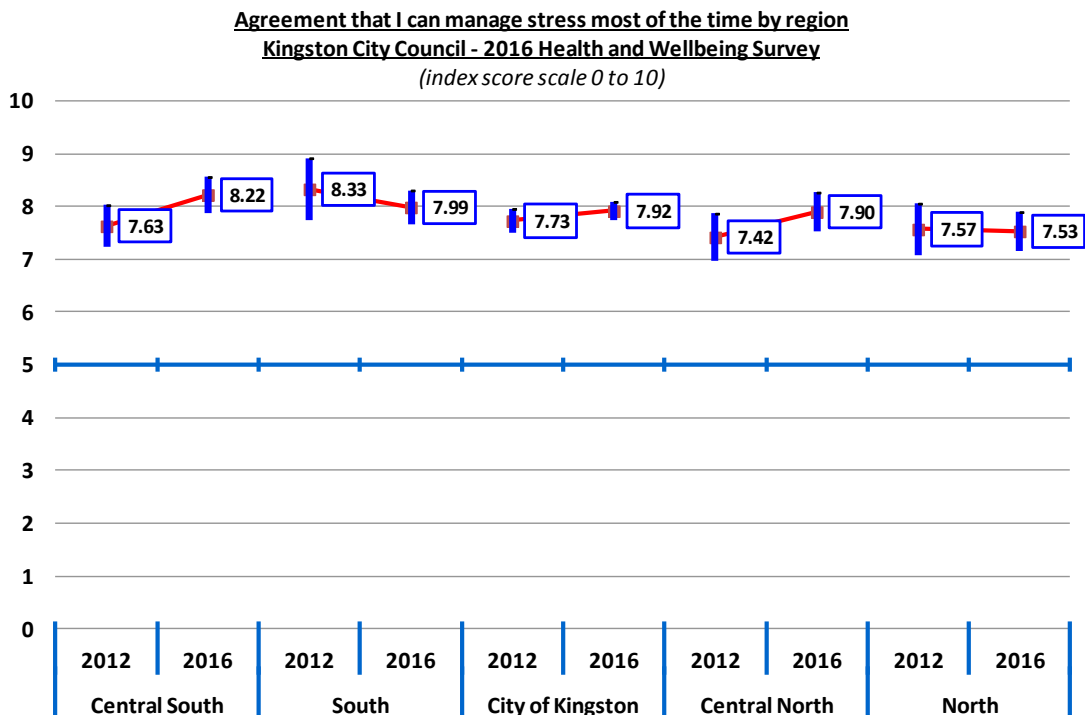
- ⊗ **Strong agreement** – that I am able to manage stress most of the time, and I feel a sense of optimism about the future. In 2016 more than four-fifths (85.6% and 80.7% respectively) of respondents agreed with both of these statements, and five percent or less disagreed.
- ⊗ **Mild agreement** – that I play an active role in my community. A little less than half (43.3) of the respondents agreed with this statement and one-third (33.5%) disagreed. This is consistent with the local community involvement results discussed elsewhere in this report which found one-third (37.3%) of respondents were an active member of a club or community group, and a little more than one-quarter (27.8%) volunteered regularly.
- ⊗ **Strong disagreement** – that I sometimes feel isolated and out of contact with other people. Whilst a little less than three-quarters (71.8%) of respondents disagreed with this statement, a little less than one-sixth (13.6%) were neutral and a little less than one-sixth (14.6) disagreed.

Agreement with selected lifestyle related statements
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of total respondents)

Statement	Year	Agreement			Can't say
		Disagree	Neutral	Agree	
I play an active role in my community	2012	44.5%	22.4%	33.1%	6
	2016	33.5%	23.2%	43.3%	14
I sometimes feel isolated and out of contact with other people	2012	80.2%	7.5%	12.3%	0
	2016	71.8%	13.6%	14.6%	13
I am able to manage stress most of the time	2012	8.6%	15.2%	76.2%	2
	2016	4.2%	10.2%	85.6%	6
I feel a sense of optimism about the future	2012	9.1%	20.8%	70.2%	6
	2016	5.0%	14.3%	80.7%	15



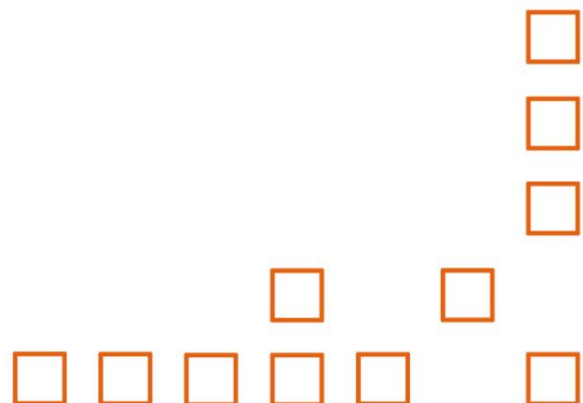
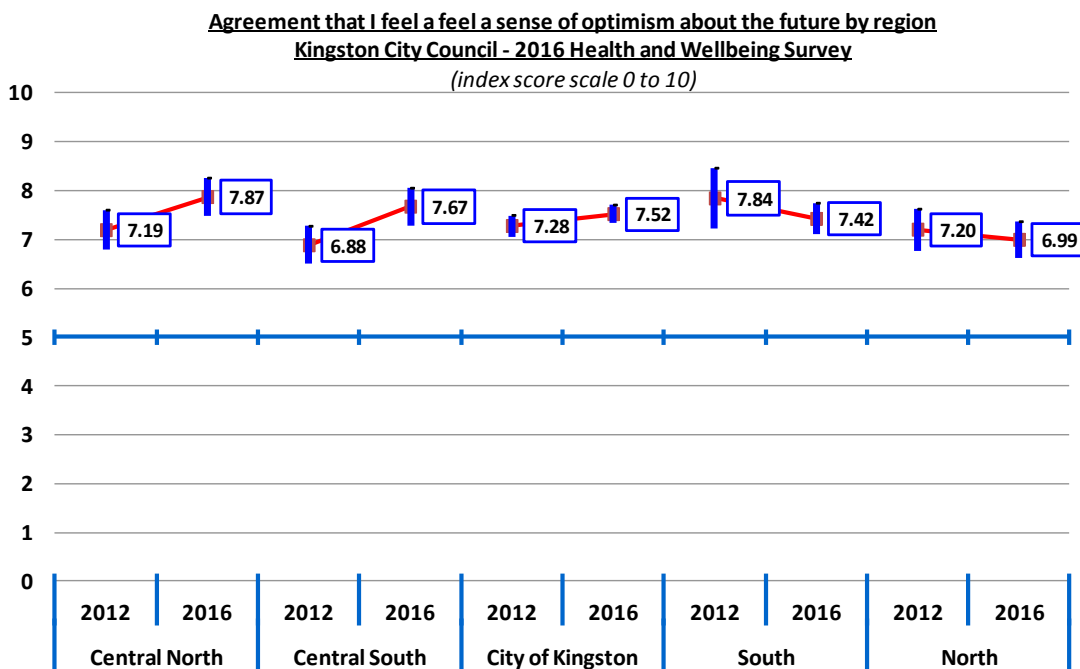
There was no statistically significant variation in agreement that “I can manage stress most of the time” observed across the four regions comprising the City of Kingston. It is noted that there was a sizeable, albeit not measurable increase in agreement with this statement by respondents from Central South between 2012 and 2016.



There was no statistically significant variation in average agreement that “I feel a sense of optimism about the future” observed across the four regions comprising the City of Kingston. It is observed however that:

- ⊗ **Central North** – respondents rated agreement with this statement somewhat, albeit not measurably higher than the municipal average.
- ⊗ **North** – respondents rated agreement somewhat, albeit not measurably lower than the municipal average, and at a level categorised as “moderate agreement”.

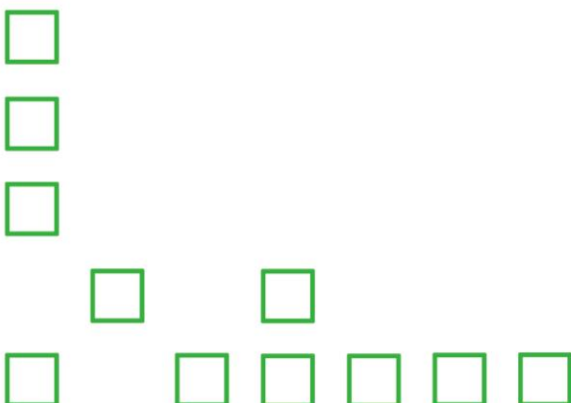
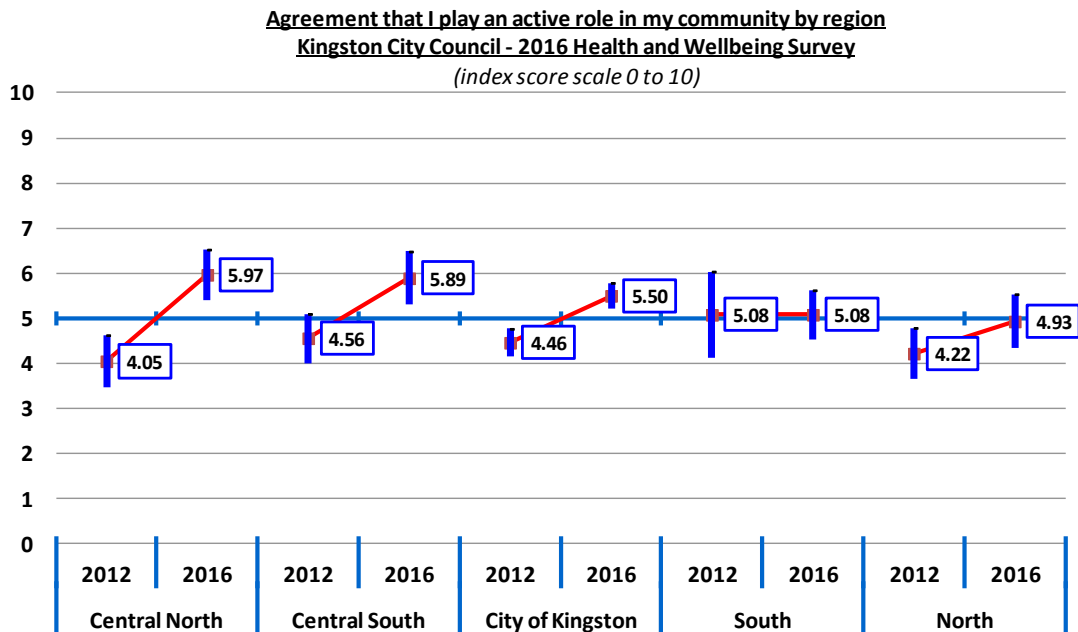
Attention is drawn to the measurable and significant increase in agreement of respondents from Central North and Central South in 2016 from the 2012 results.



There was no statistically significant variation in agreement that “I play an active role in my community” observed across the four regions comprising the City of Kingston. It is noted however that:

- ⊗ **Central North** and **Central South** – respondents rated agreement with this statement somewhat, albeit not measurably higher than the municipal average.
- ⊗ **North** and **South** – respondents rated agreement with this statement somewhat, albeit not measurably lower than the municipal average, and at very neutral levels.

Metropolis Research notes the statistically significant increase in average agreement with this statement of respondents from Central North and Central South in 2016 from the results in 2012.



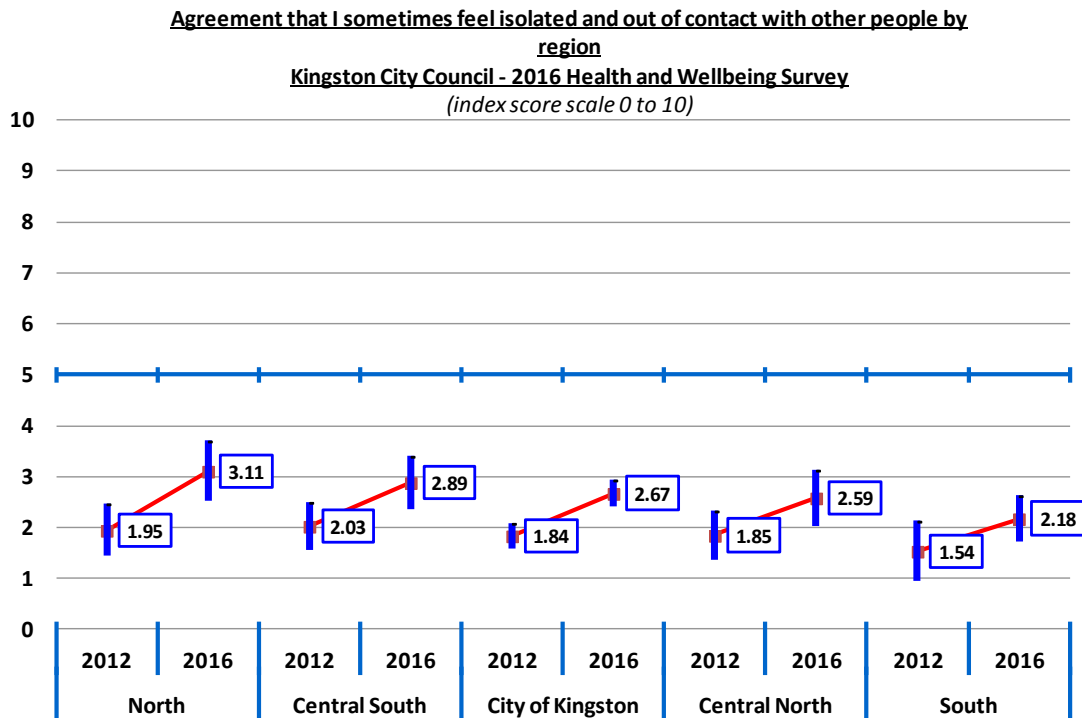
There was a statistically significant increase in average agreement that “I sometimes feel isolated and out of contact with other people” by respondents in the City of Kingston between 2012 and 2016.



This increase was replicated in each of the four regions, and was statistically significant in North.

There was no statistically significant variation in agreement that “I sometimes feel isolated and out of contact with other people” observed across the four regions comprising the City of Kingston, although it is noted that:

- ⊗ **North** - respondents rated agreement with this statement somewhat, albeit not measurably higher than the municipal average.



Health related

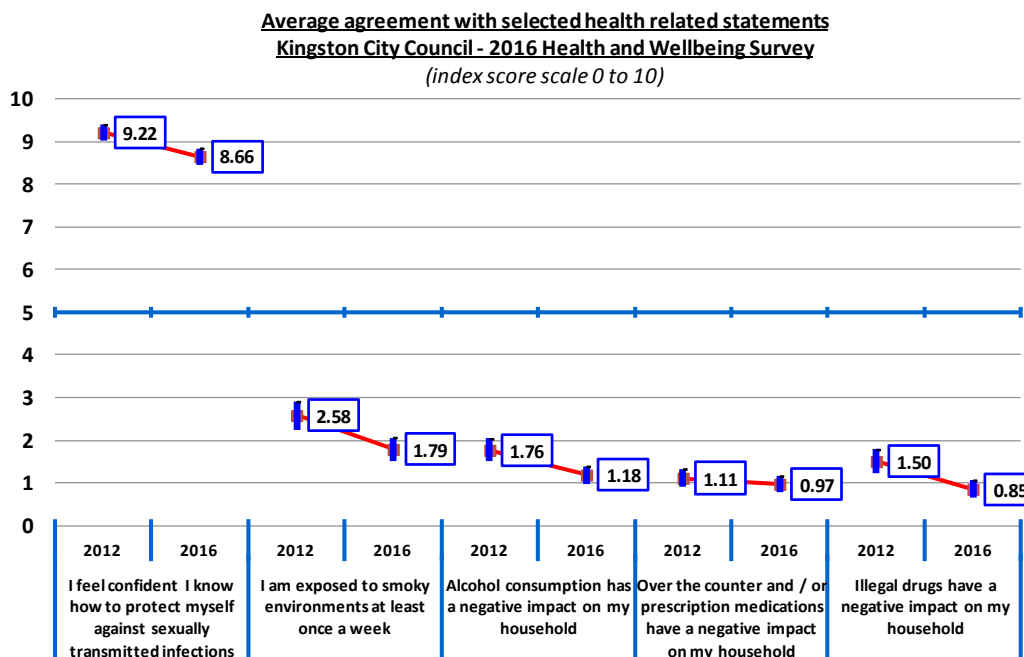
There were five health related statements included in the 2016 survey, as outlined in the following graph and table.

Average agreement with each of these five statements declined somewhat in 2016 compared to the results recorded in 2012, with the decline in the statements related to sexually transmitted diseases, smoky environments, alcohol consumption, and illegal drugs being statistically significant.

These average agreement results can best be summarised as follows:

- ⊗ **Very strong agreement** – that “I feel confident I know how to protect myself against sexually transmitted diseases”. More than ninety percent of respondents agreed with this statement, whilst just 3.5% disagreed (down from 4.1% in 2012).
- ⊗ **Very strong disagreement** – that “I am exposed to smoky environments at least once a week”, “alcohol consumption has a negative impact on my household”, “over the counter and / or prescription medications have a negative impact on my household”, and “illegal drugs have a negative impact on my household”. More than three-quarters of respondents disagreed with each of these statements, although it is noted that 12.7% of respondents agreed that they were exposed to smoky environments at least once a week (down measurably from 22.0% in 2012).

Metropolis Research notes that regardless of whether this research is conducted via telephone or face-to-face, surveys of this type asking respondents to nominate whether drugs and alcohol have a negative impact on their household may not be the most accurate measure of the actual reality of impacts on households in the City of Kingston of these issues.



Agreement with selected health related statements
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent of total respondents)

Statement	Year	Agreement			Can't say
		Disagree	Neutral	Agree	
Alcohol consumption has a negative impact on my household	2012	81.3%	6.1%	12.6%	1
	2016	86.4%	9.2%	4.4%	28
Illegal drugs have a negative impact on my household	2012	84.2%	2.8%	13.1%	5
	2016	91.5%	3.0%	5.5%	73
Over the counter and / or prescription medications have a negative impact on my household	2012	85.8%	7.7%	6.4%	7
	2016	89.6%	6.0%	4.4%	56
I am exposed to smoky environments at least once a week	2012	71.2%	6.8%	22.0%	5
	2016	78.7%	8.6%	12.7%	29
I feel confident I know how to protect myself against sexually transmitted infections	2012	4.1%	2.6%	93.4%	11
	2016	3.5%	4.7%	91.8%	25

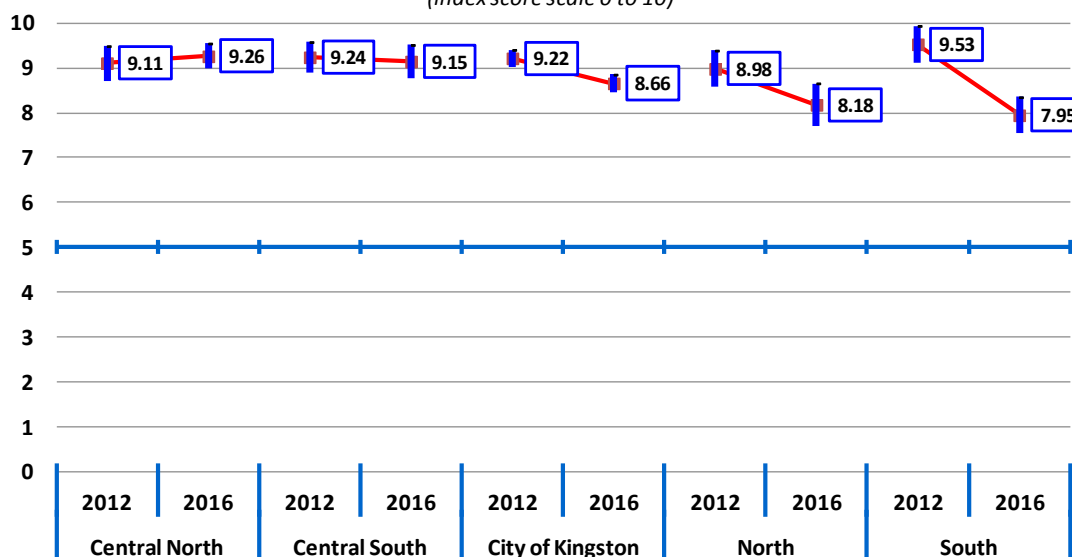
There was a statistically significant decline in average agreement that “I feel confident I know how to protect myself against sexually transmitted diseases” recorded for respondents from North and South in 2016.

There was some measurable variation in agreement with this statement in 2016 observed across the four regions comprising the City of Kingston, as follows:

- ⊗ **Central North** and **Central South** – respondents rated agreement measurably higher than the municipal average, at levels considered “extremely strong agreement”.
- ⊗ **North** and **South** – respondents rated agreement measurably and significantly lower than the municipal average, although still at “very strong agreement”.

Agreement that I feel confident I know how to protect myself against sexually transmitted diseases by region

Kingston City Council - 2016 Health and Wellbeing Survey
 (index score scale 0 to 10)

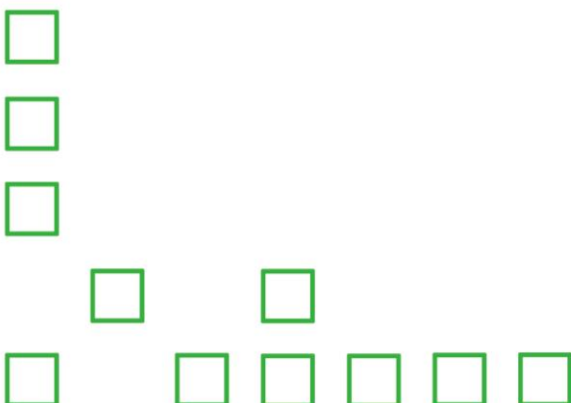
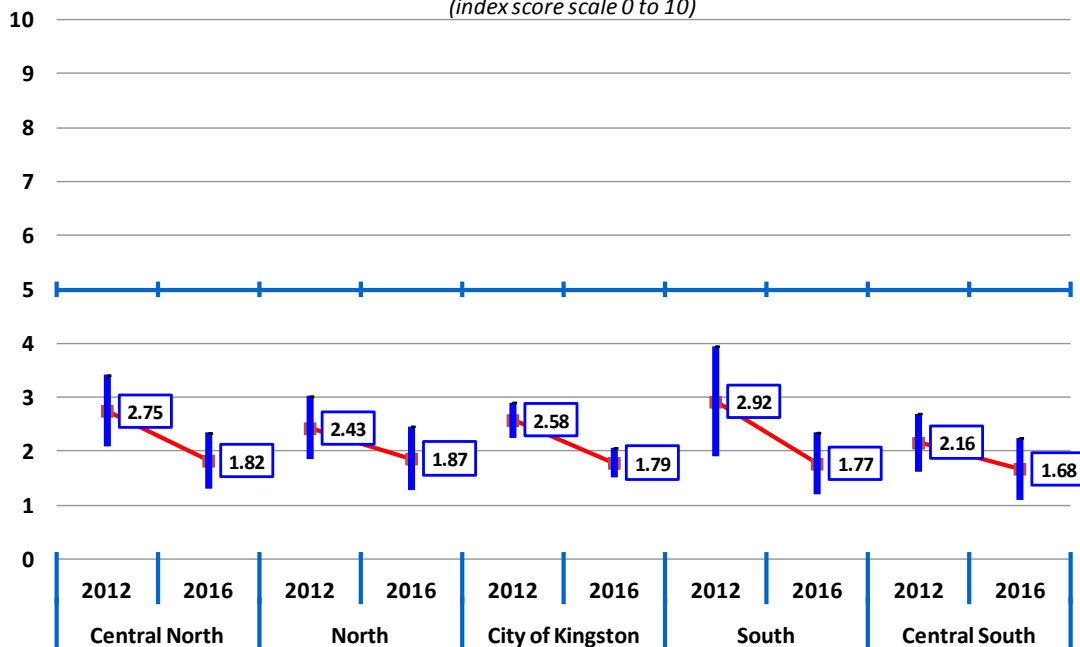


Average agreement that “I am exposed to smoky environments at least once a week” declined measurably for respondents in the City of Kingston between 2012 and 2016. This sharp decline was replicated in each of the four regions, although none of these regional results were statistically significant (due to the smaller region sample size).

These results clearly indicate that respondents are less likely in 2016 to be exposed to smoky environments than they were in 2012, which is a very positive result.

There was not statistically significant variation in this result observed across the four regions comprising the City of Kingston.

Agreement that I am exposed to smoky environments at least once a week by region
Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)

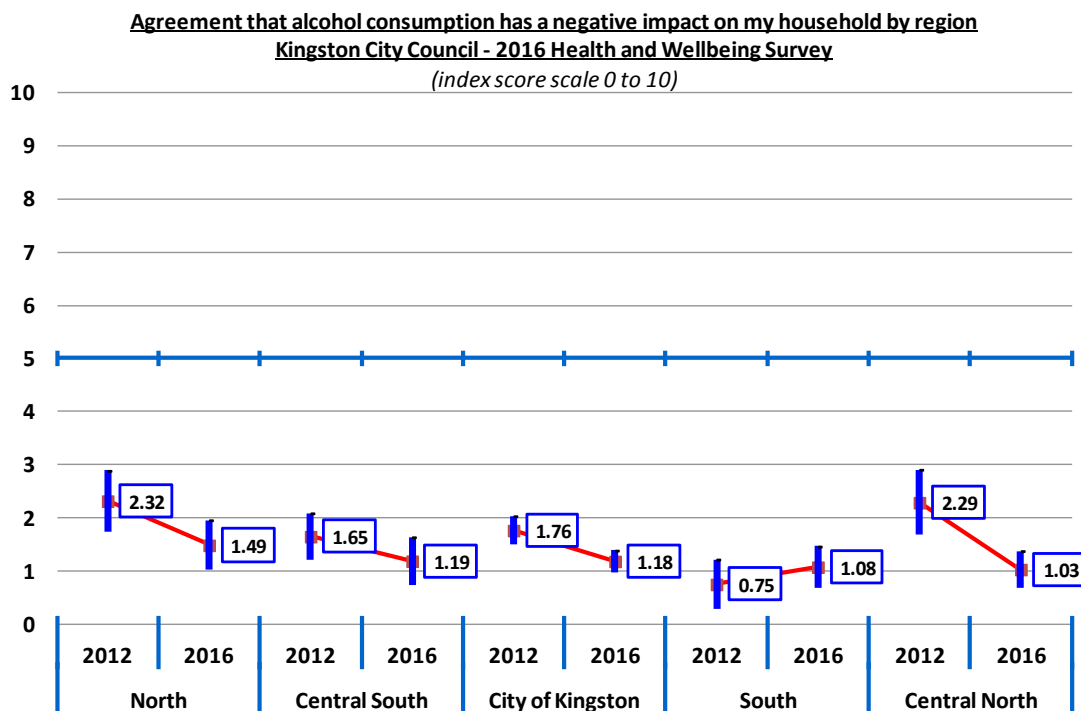


There was a statistically significant decline in average agreement that “alcohol consumption has a negative impact on my household” recorded for respondents in the City of Kingston between 2012 and 2016. This decline was replicated in three of the four regions; with respondents from South the only to report a small, albeit not measurable increase in average agreement with this statement in 2016 compared to 2012.

It is noted that respondents from North and Central North recorded a larger than average decline in agreement with this statement between 2012 and 2016, bringing these two regional results more into line with the municipal average.

These results reinforce the view that respondents in the City of Kingston are more firmly of the view in 2016 than was the case in 2012 that alcohol consumption does not have a negative impact on their household.

There was no measurable or significant variation in this result in 2016 observed across the four regions comprising the City of Kingston.

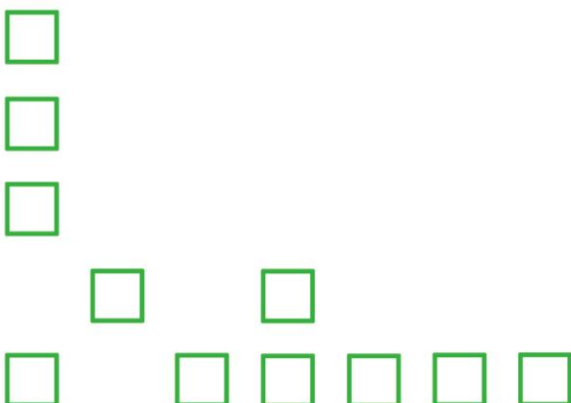
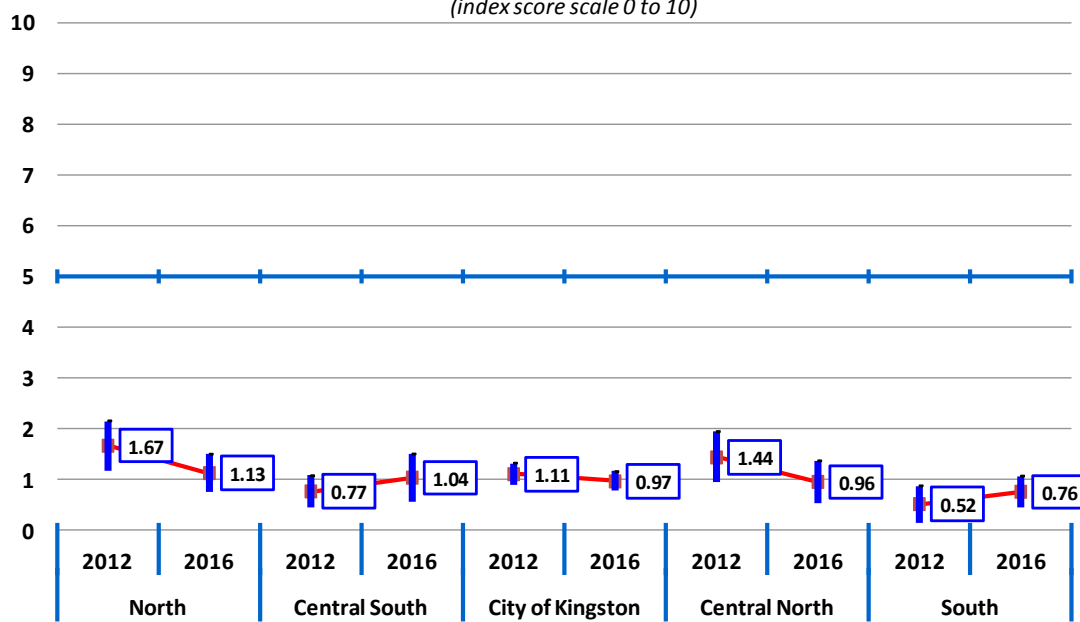


There was relatively little variation in the average agreement that “over the counter medications / prescriptions have a negative impact on my household” observed between 2012 and 2016. It is noted that there was a small, but not significant decline recorded for respondents from North and Central North, which brings these two regions into line with the municipal result in 2016.

Respondents in each of the four regions rated their agreement with this statement at a very low level of approximately one out of ten. This result is clear evidence that respondents in the City of Kingston do not believe that over the counter medications / prescriptions have a negative impact on their household.

There was no statistically significant variation in average agreement with this statement observed across the four regions comprising the City of Kingston in 2016.

Agreement that over the counter medications / prescriptions have a negative impact on my household by region
Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)



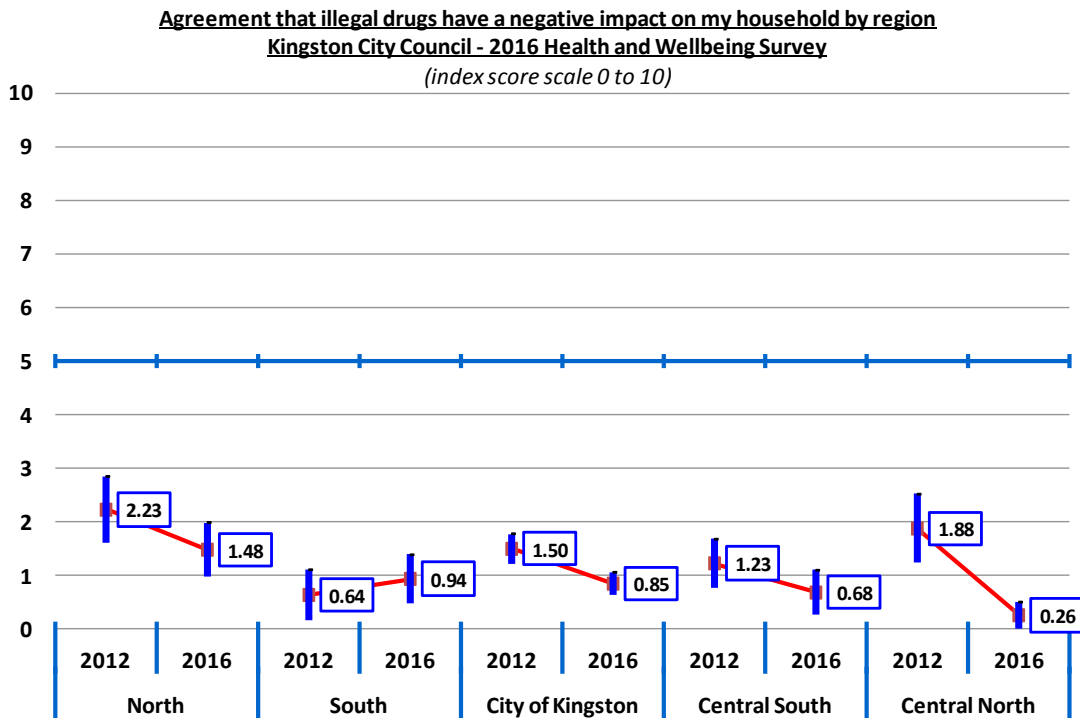
There was a statistically significant decline in average agreement that “illegal drugs have a negative impact on my household” by respondents in the City of Kingston between 2012 and 2016. This decline was replicated in three of the four regions comprising the City of Kingston, with the decline being measurable and significant for respondents from Central North. There was a small but not significant increase in agreement recorded for respondents from South.

These results do suggest that respondents in the City of Kingston are less likely to believe that illegal drugs have a negative impact on their household in 2016 than in 2012.

There was some measurable variation in this result observed across the four regions comprising the City of Kingston, with attention drawn to the following:

- ⊗ **North** – respondents were measurably more likely than average to agree with this statement.
- ⊗ **Central North** – respondents were measurably less likely than average to agree with this statement.

Despite these measurable variations across the four regions, respondents in all regions very strongly disagreed with the statement that “illegal drugs have a negative impact on their household”. This is reinforced by the fact that in 2016 just 5.5% of respondents agreed with the statement.





Gambling related

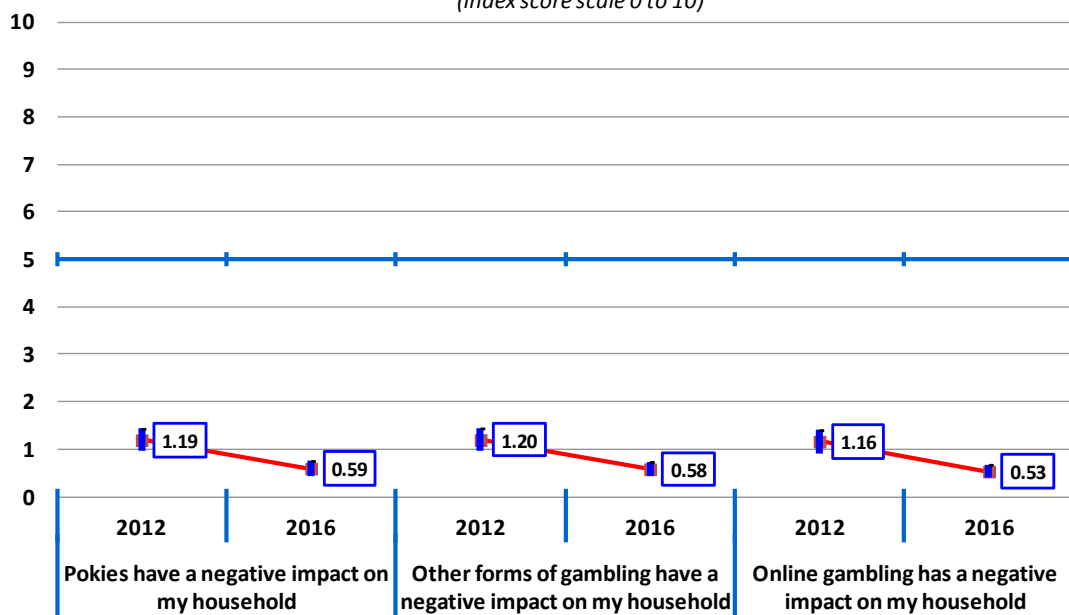


There were three statements included in the survey relating to gambling, as outlined in the following graph and table.

Average agreement with each of these three statements declined measurably in 2016 from the results recorded in 2012. This strongly suggests that respondents are more firmly of the view (at least publically) that the three included forms of gambling do not have a negative impact on their household.

Metropolis Research notes that regardless of whether this research is conducted via telephone or face-to-face, surveys of this type asking respondents to nominate whether gambling has a negative impact on their household may not be the most accurate measure of the actual reality of gambling impacts on households in the City of Kingston.

Average agreement with selected gambling related statements
Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)



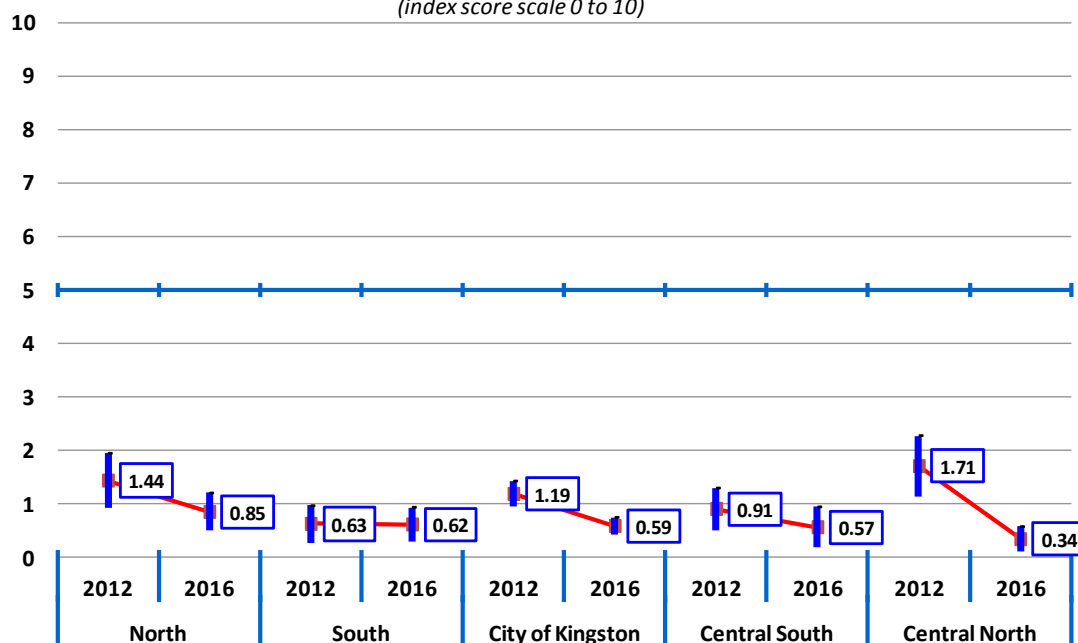
Agreement with selected gambling related statements
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent of total respondents)

Statement	Year	Agreement			Can't say
		Disagree	Neutral	Agree	
Online gambling has a negative impact on my household	2012	86.7%	4.4%	9.0%	6
	2016	96.2%	2.2%	1.6%	60
Pokies have a negative impact on my household	2012	86.8%	4.1%	9.1%	4
	2016	94.1%	3.5%	2.4%	60
Other forms of gambling have a negative impact on my household	2012	86.7%	3.5%	9.7%	7
	2016	95.5%	2.3%	2.2%	58

The statistically significant decline in average agreement that “pokies have a negative impact on my household” by respondents in the City of Kingston between 2012 and 2016 was replicated in each of the four regions comprising the municipality. Particular attention is drawn to the substantial decline observed for respondents from Central North.

There was no meaningful variation in this result observed across the four regions comprising the City of Kingston in 2016.

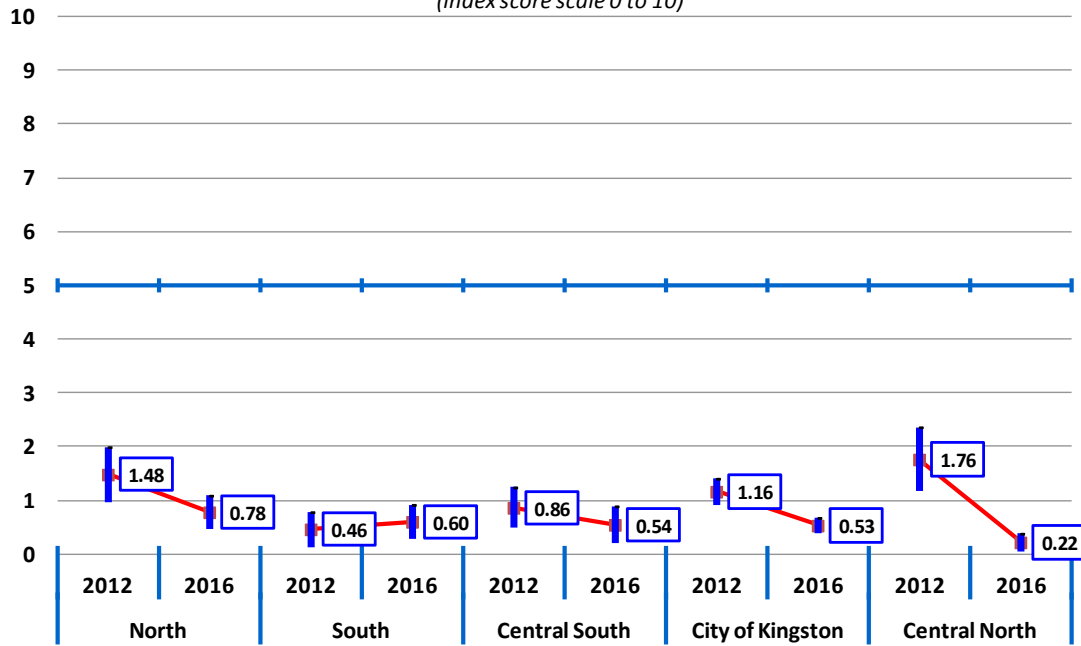
Agreement that pokies have a negative impact on my household by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (index score scale 0 to 10)



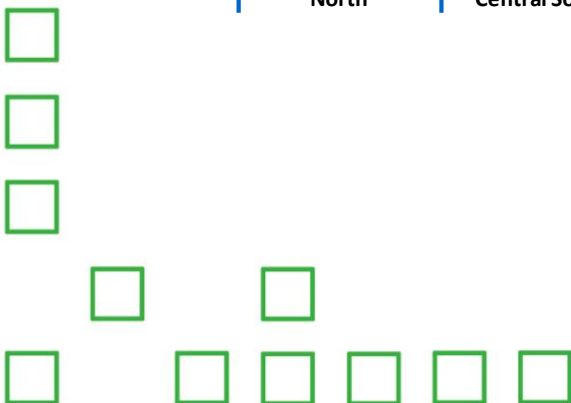
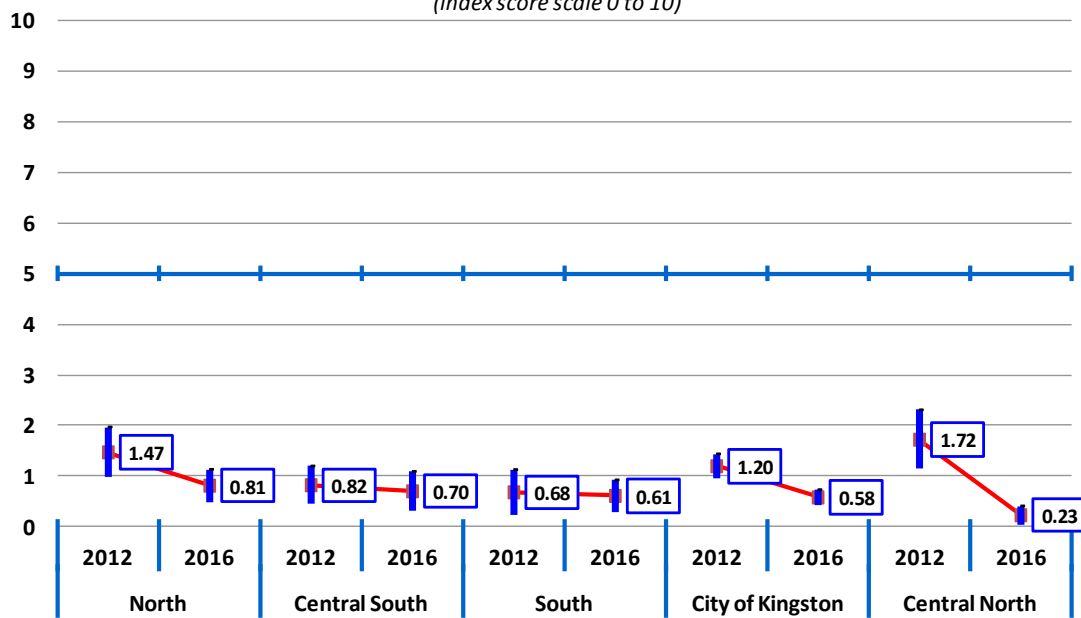
A similar pattern of results was observed in relation to both online gambling and other forms of gambling as was observed in relation to pokies, as outlined in the following two graphs.



Agreement that online gambling has a negative impact on my household by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (index score scale 0 to 10)



Agreement that other forms of gambling have a negative impact on my household by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (index score scale 0 to 10)



Community related

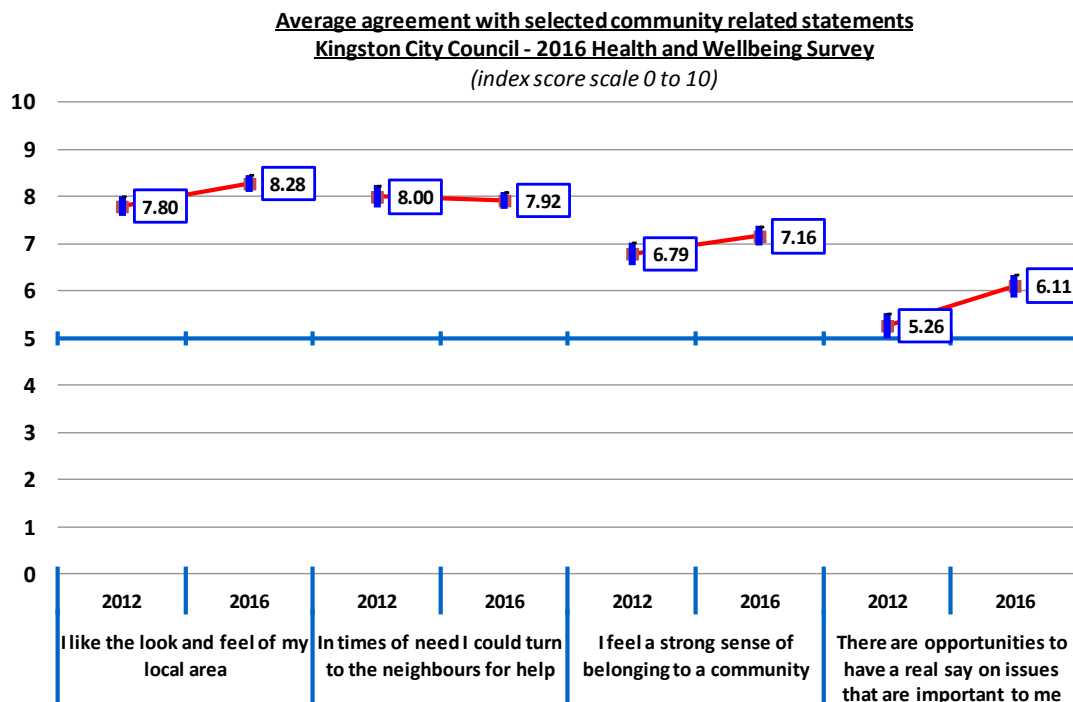
There were four community related statements included in the 2016 survey, as outlined in the following graph and table.

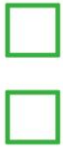
Average agreement with three of the four statements increased in 2016 from the results recorded in 2012.

These average agreement results can best be summarised as follows:

- ⊗ **Very strong agreement** – that “I like the look and feel of my local area” and “in times of needs I could turn to the neighbours for help”. Almost ninety percent of respondents agreed with both of these statements, whilst less than five percent disagreed.
- ⊗ **Strong agreement** - that, and “I feel a strong sense of belonging to a community”. Almost three-quarters of respondents agreed with this statement, whilst less than ten percent disagreed.
- ⊗ **Moderate agreement** – that “there are opportunities to have a real say on issues that are important to me”. Half of the respondents agreed with this statement, whilst one-third were neutral, and a little less than one-sixth disagreed.

These results do suggest that respondents feel a relatively strong sense of local community, although it is noted that respondents are less firmly of the view that they have adequate opportunities to have a real say on issues of importance to them.





Agreement with selected community related statements
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of total respondents)

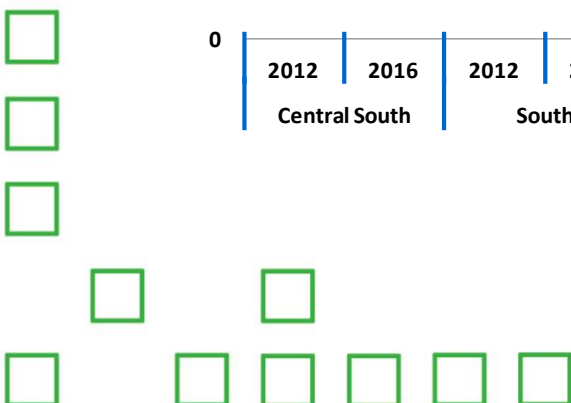
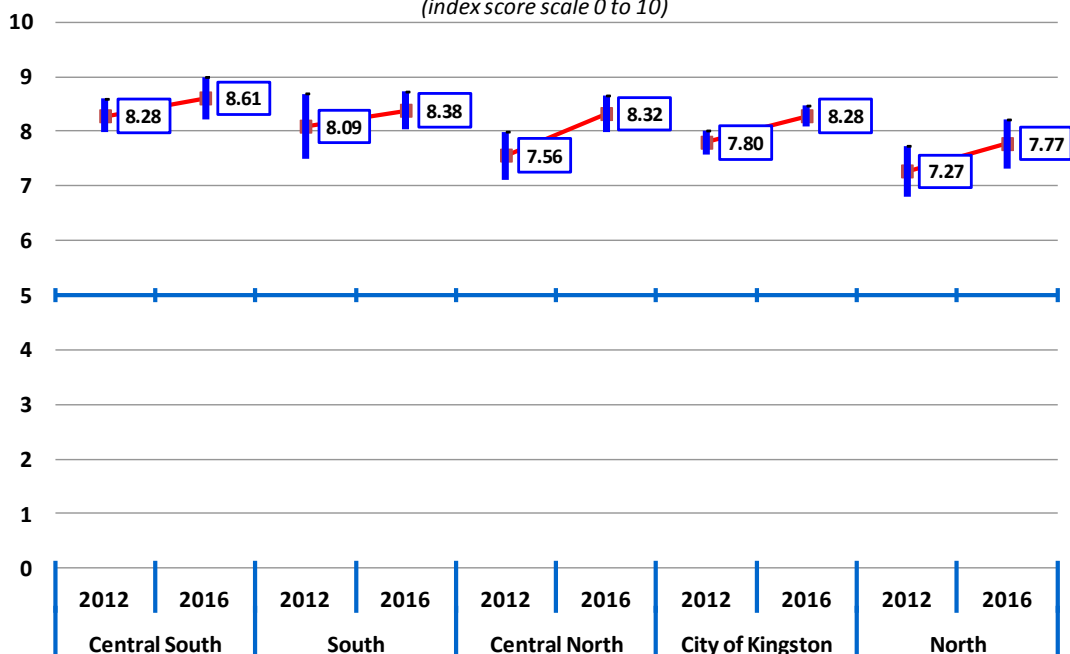
Statement	Year	Agreement			Can't say
		Disagree	Neutral	Agree	
There are opportunities to have a real say on issues that are important to me	2012	28.9%	32.2%	38.9%	31
	2016	16.2%	33.7%	50.1%	34
I like the look and feel of my local area	2012	7.8%	11.4%	80.9%	3
	2016	3.7%	8.5%	87.8%	1
In times of need I could turn to the neighbours for help	2012	8.6%	12.5%	78.9%	3
	2016	3.7%	11.8%	84.5%	8
I feel a strong sense of belonging to a community	2012	12.8%	26.3%	60.8%	3
	2016	8.5%	21.2%	70.3%	10

There was a statistically significant increase in agreement that “I like the look and feel of my local area” by respondents in the City of Kingston between 2012 and 2016, an increase that was replicated in each of the four regions comprising the municipality.

There was no measurable variation in agreement with this statement observed across the four regions, although it is noted that:

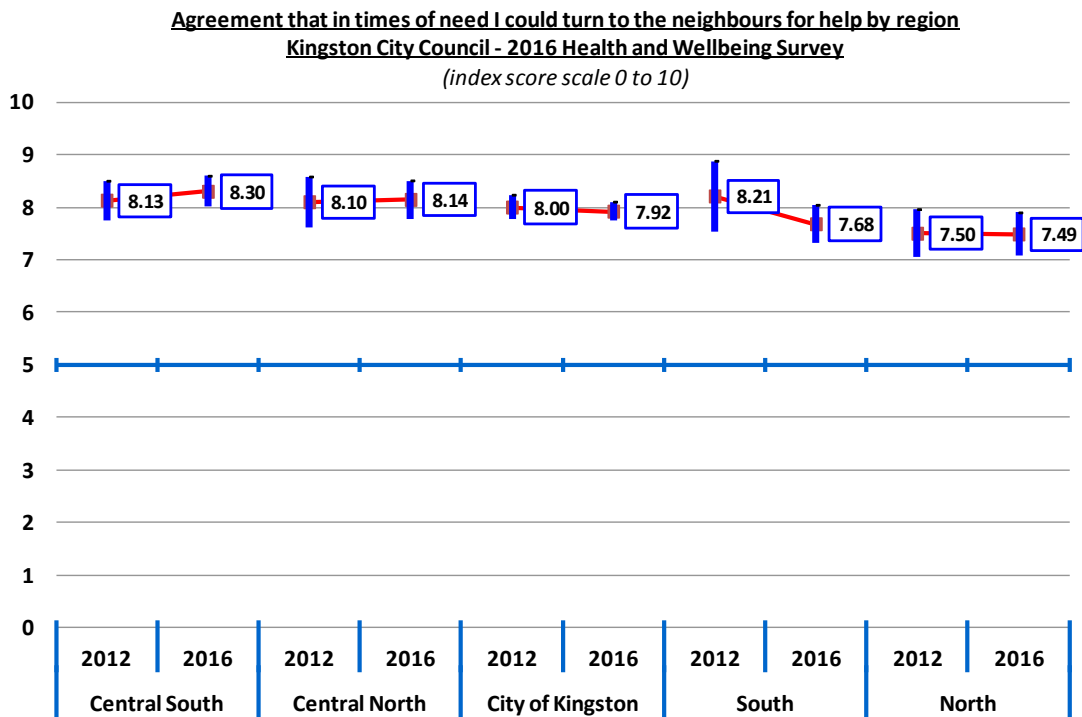
- ⊗ **North** – respondents rated agreement somewhat, albeit not measurably lower than the municipal average, at a level categorised as “strong agreement”.

Agreement that I like the look and feel of my local area by region
Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)



There was very little change in the average agreement that “in times of need I could turn to the neighbours for help” by respondents in the City of Kingston between 2012 and 2016. This consistency was replicated in each of the four regions comprising the municipality, although it is noted that the smaller sample size of respondents in South in 2012 is evident in the results.

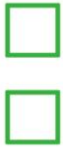
There was no statistically significant or meaningful variation in average agreement with this statement observed across the four regions comprising the City of Kingston.



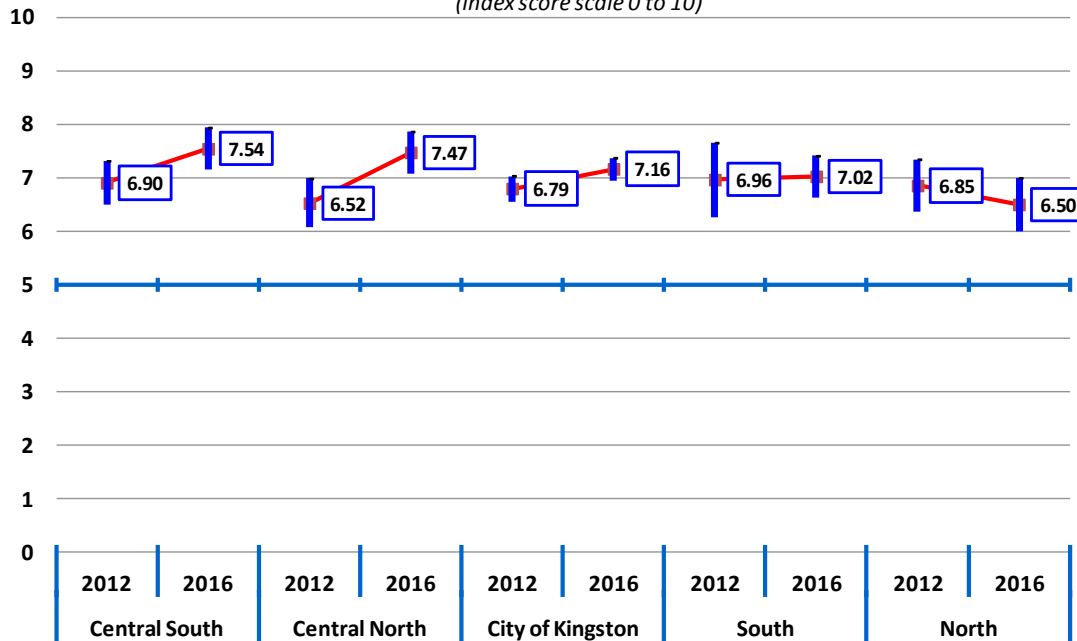
The average agreement that “I feel a strong sense of belonging to a community” increased measurably in 2016 for respondents from the City of Kingston. This increase was reflected in three of the four regions comprising the municipality. Respondents in North rated agreement marginally, albeit not measurably lower in 2016 than in 2012.

There was some measurable variation in agreement with this statement observed across the four regions comprising the City of Kingston, with attention drawn to the following:

- ⊗ **Central South** and **Central North** – respondents rated agreement with this statement somewhat, albeit not measurably higher than the municipal average.
- ⊗ **North** - respondents rated agreement with this statement measurably and significantly lower than the municipal average, and at a level categorised as “solid” agreement.

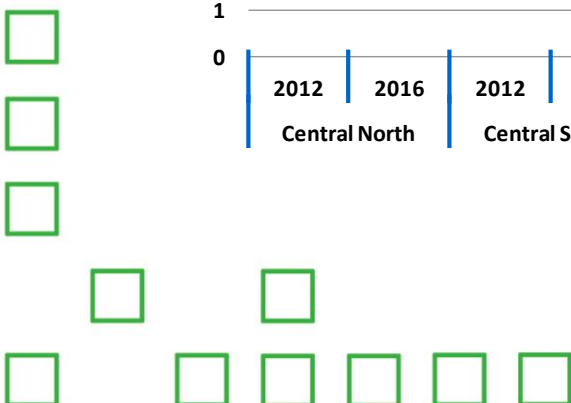
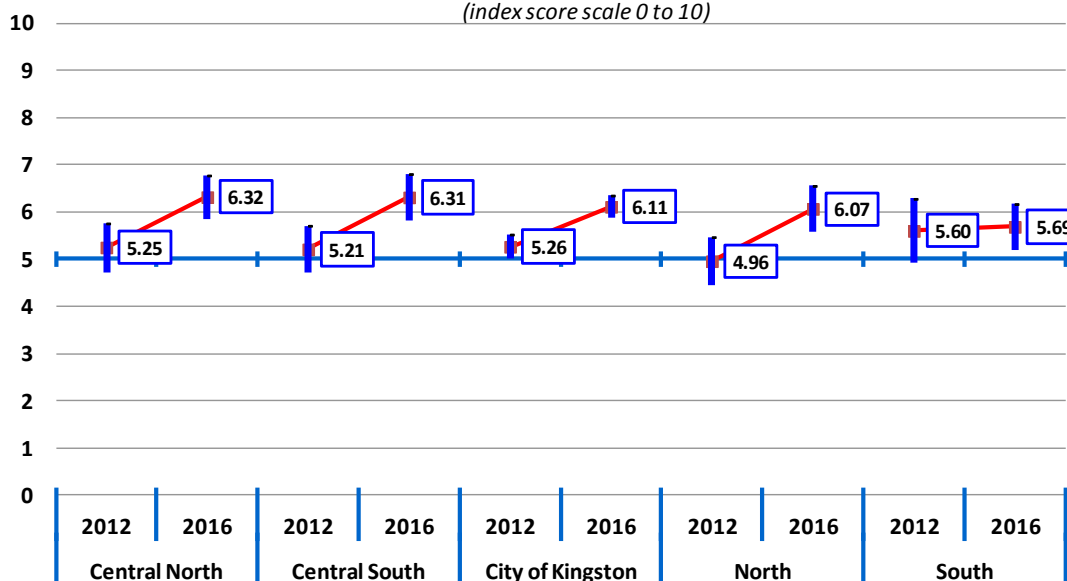


Agreement that I feel a strong sense of belonging to a community by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (index score scale 0 to 10)



There was a statistically significant increase in the average agreement that “there are opportunities to have a real say on issues that are important to me” of respondents in the City of Kingston between 2012 and 2016. This increase was replicated in each of the four regions comprising the municipality, although it is noted that the increase in South was very marginal. There was no measurable variation in this result observed across the four regions of Kingston.

Agreement that there are opportunities to have a real say on issues that are important to me by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (index score scale 0 to 10)



Services and facilities related

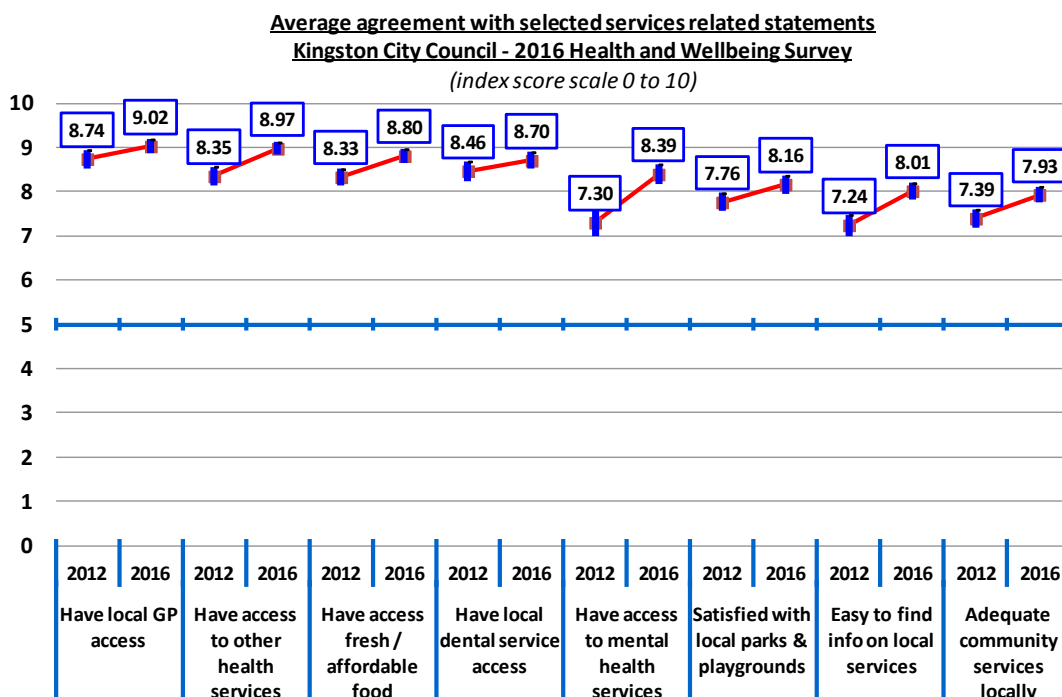
There were eight statements related to services and facilities included in the 2016, as outlined in the following graph and table.

Average agreement with all seven of these services and facilities related statements increased somewhat between the surveys in 2012 and 2016. These increases were all statistically significant.

The average agreement with each of these eight statements was very high, with seven of the eight recording average agreement scores of eight or more out of ten. Average agreement that “there are adequate community services available in the local area” was rated at almost eight out of ten (7.93). Consistent with these very high average agreement scores, approximately five percent or less of respondents disagreed with any of the eight statements.

These results clearly reinforce the central finding from 2012, that the overwhelming majority of respondents across the City of Kingston believe they have adequate access to health and human services. Having said that, it is important to bear in mind those respondents in the community who do not feel they have adequate access to these services (up to approximately five percent).

It is noted however that in relation to the statement “I have access to adequate mental health services locally”, a significant number (94 respondents) did not provide a rating. This reflects the fact that many in the community will not have felt that they had a specific need to consider their access to mental health services.

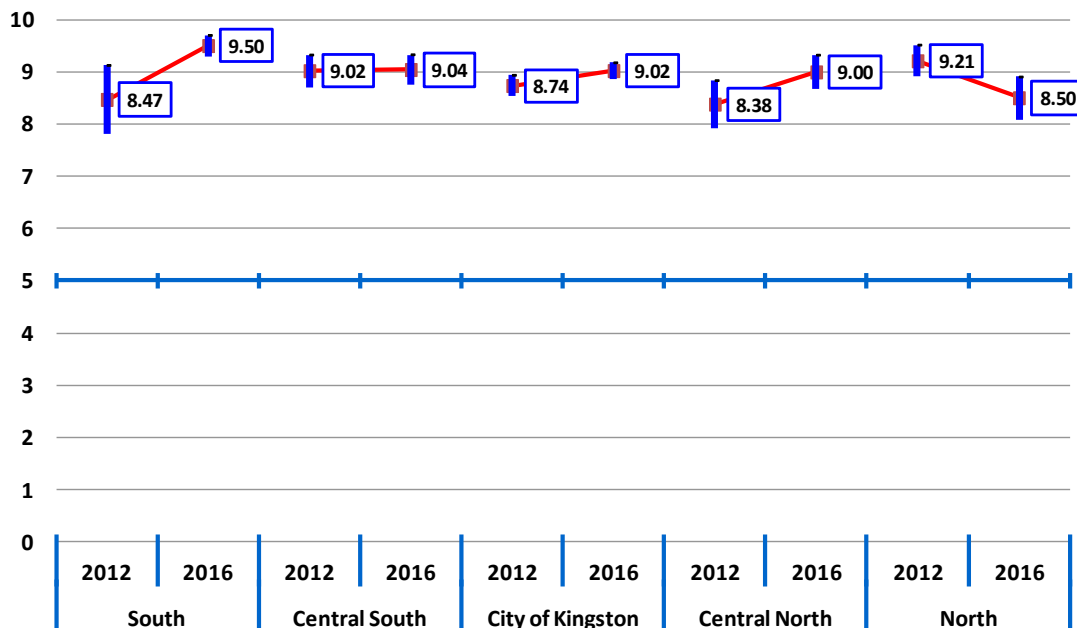


Agreement with selected services related statements
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of total respondents)

Statement	Year	Agreement			Can't say
		Disagree	Neutral	Agree	
I am satisfied with the quality of the parks, playgrounds and open spaces in my local area	2012	7.4%	11.9%	80.6%	7
	2016	5.1%	8.7%	86.2%	3
I have access to fresh and affordable food to meet my household's needs	2012	3.7%	11.5%	84.8%	1
	2016	2.3%	5.3%	92.4%	0
There are adequate community services available in the local area	2012	5.0%	24.3%	70.8%	32
	2016	4.1%	12.2%	83.7%	26
It is easy to find out what services are available to residents in the local area	2012	10.4%	21.7%	67.9%	18
	2016	3.7%	12.9%	83.4%	18
I have access to a GP in my local area	2012	5.8%	3.1%	91.2%	7
	2016	2.1%	3.5%	94.4%	4
I have access to dental services in my local area	2012	6.6%	6.3%	87.1%	18
	2016	4.0%	7.0%	89.0%	26
I have access to mental health services locally	2012	13.3%	18.6%	68.2%	154
	2016	5.1%	9.4%	85.5%	94
I have access to other medical / health services in my local area	2012	5.4%	10.2%	84.5%	42
	2016	1.0%	4.4%	94.6%	25

Consistent with the results recorded in 2012, respondents from each of the four regions comprising the City of Kingston strongly agreed that “I have access to a GP in my local area”. Attention is drawn to respondents from South that rated agreement with this statement measurably higher than the municipal average, whilst respondents from North rated it measurably lower.

Agreement that I have access to a GP in my local area by region
Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)

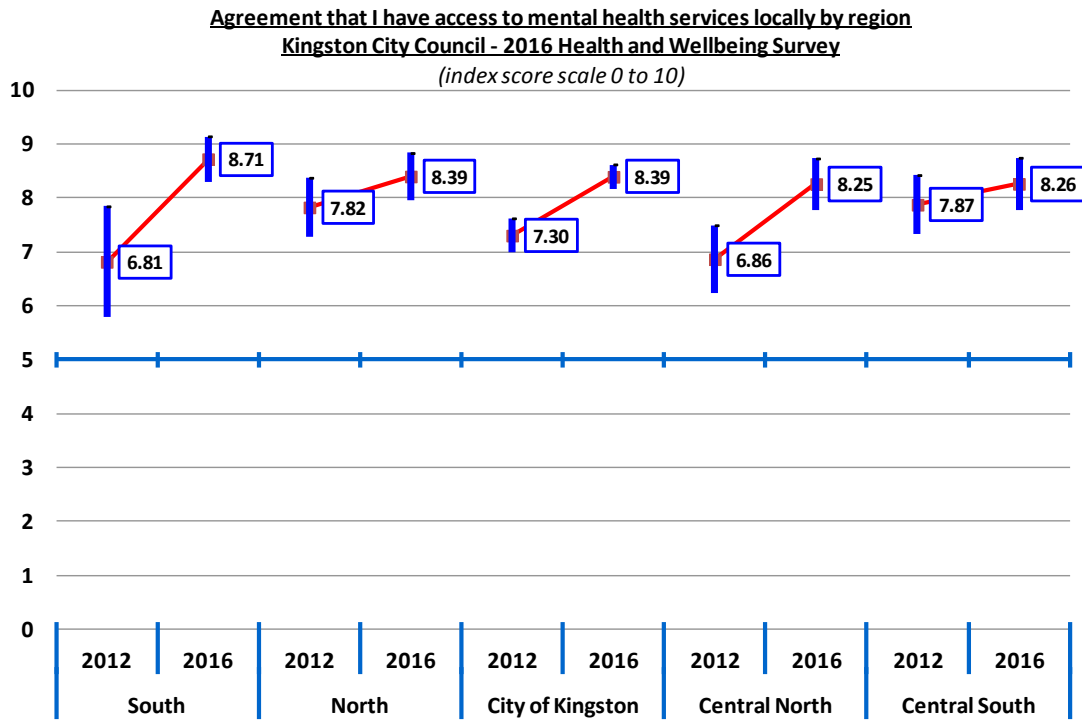


There was a statistically significant increase in average agreement that “I have access to mental health services in the local area” by respondents in the City of Kingston between 2012 and 2016. This increase was replicated by respondents in each of the four regions comprising the municipality.



Particular attention is drawn to the statistically significant increases recorded by respondents in South and Central North, which had the effect of bringing the average agreement with this statement by respondents in these two precincts into line with the municipal average.

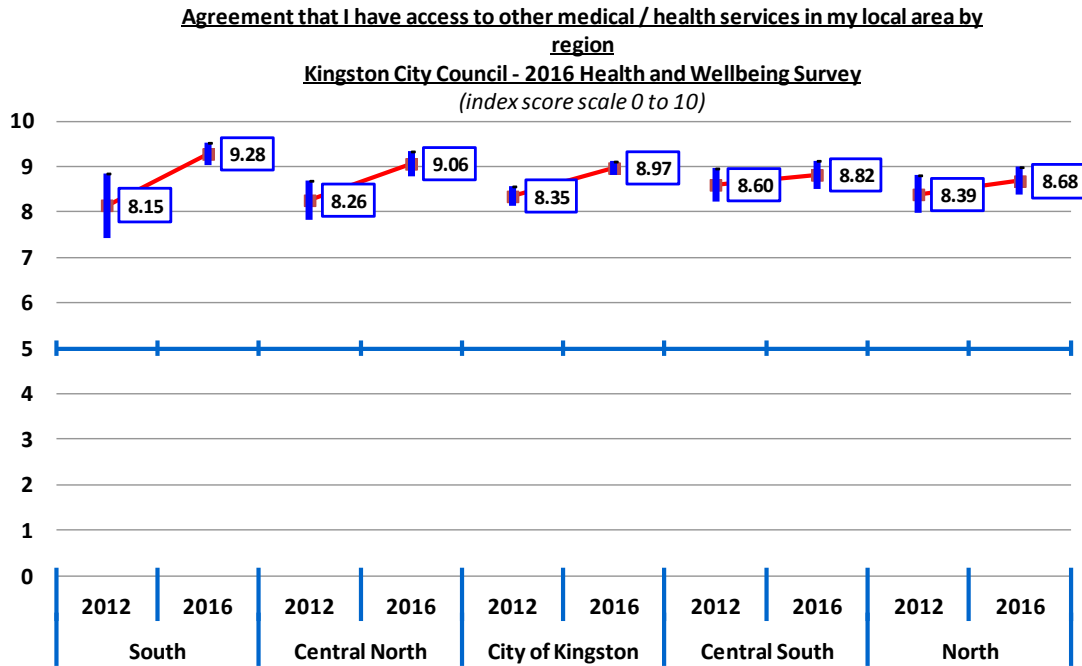
There was no statistically significant or meaningful variation in average agreement with this statement observed across the four regions comprising the City of Kingston.



There was a significant increase in agreement that “I have access to other medical / health services in my local area” for respondents in the City of Kingston between 2012 and 2016, and this increase is reflected in each of the four regions of the municipality.

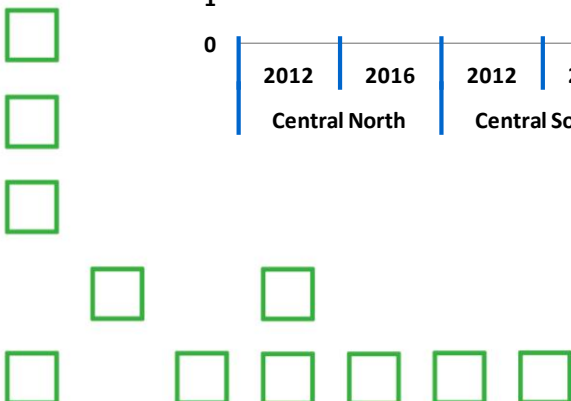
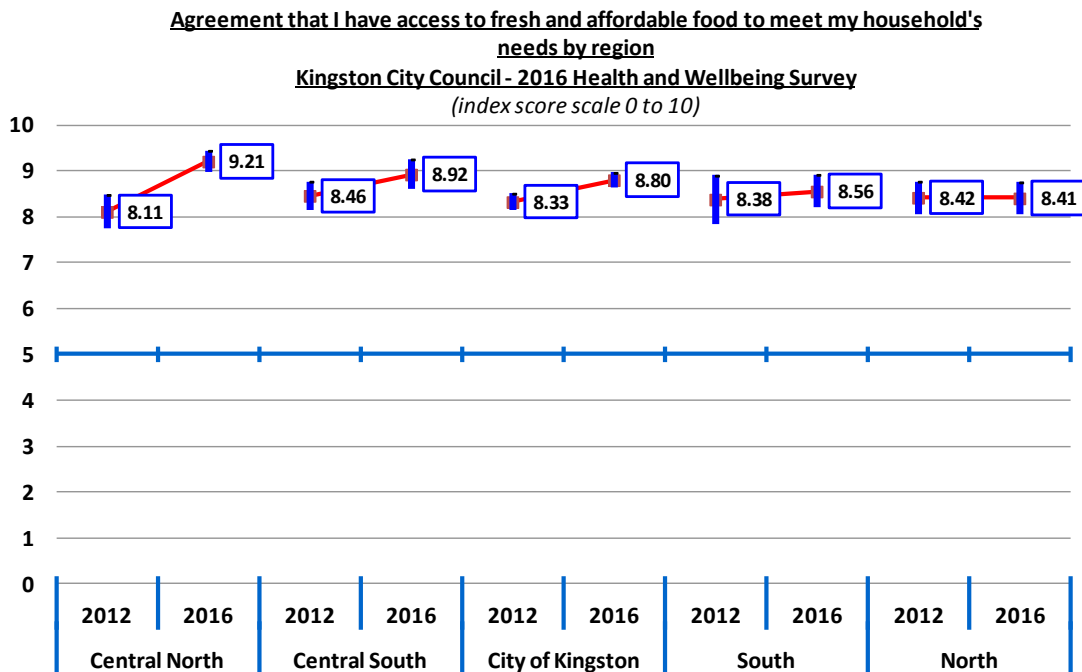
There was no statistically significant variation in this result observed across the four regions comprising the City of Kingston.





There was a measurable increase in average agreement that “I have access to fresh and affordable food to meet my household’s needs” by respondents across the City of Kingston between 2012 and 2016. This increase was replicated in three of the four regions.

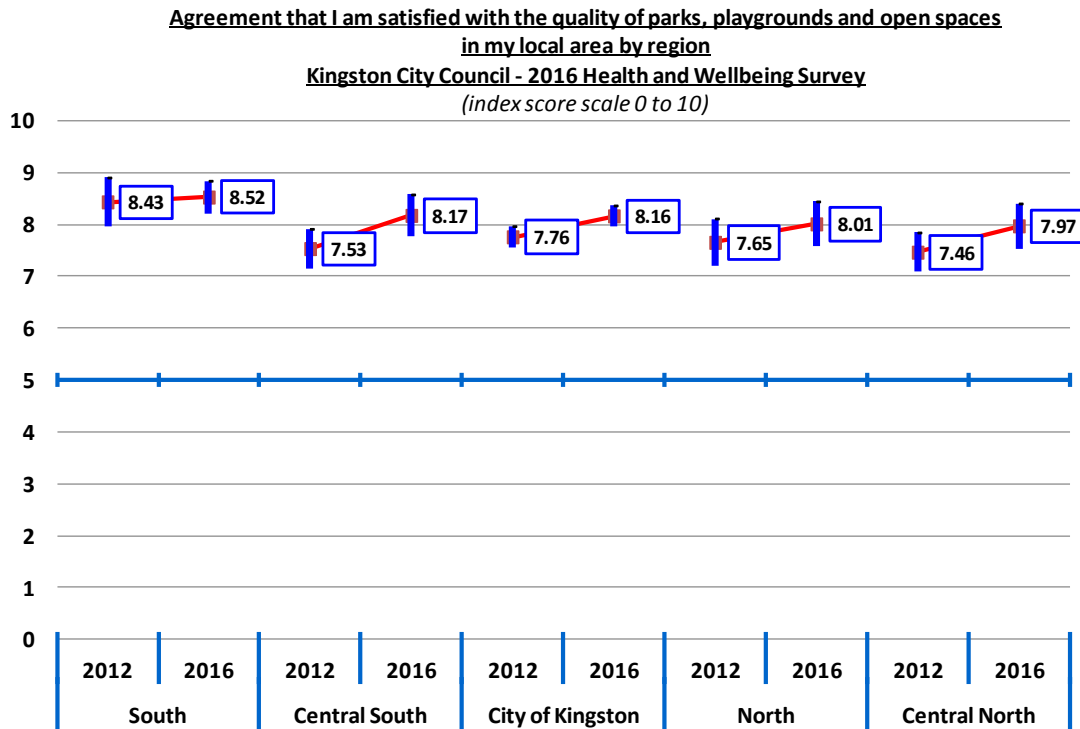
Although respondents from Central North rated agreement measurably higher than the municipal average, overall agreement with this statement was very high across the municipality in 2016.



There was a small but measurable increase in average agreement that “I am satisfied with the quality of parks, playgrounds and open spaces” of respondents across the City of Kingston between 2012 and 2016. This increase was replicated in each of the four regions comprising the municipality.



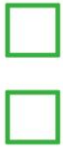
There was no statistically significant variation in this result observed across the four regions comprising the City of Kingston.



There was a measurable increase in average agreement that “it’s easy to find out what services are available to residents in the local area” of respondents across the City of Kingston between 2012 and 2016. This increase was replicated in each of the four regions comprising the municipality.

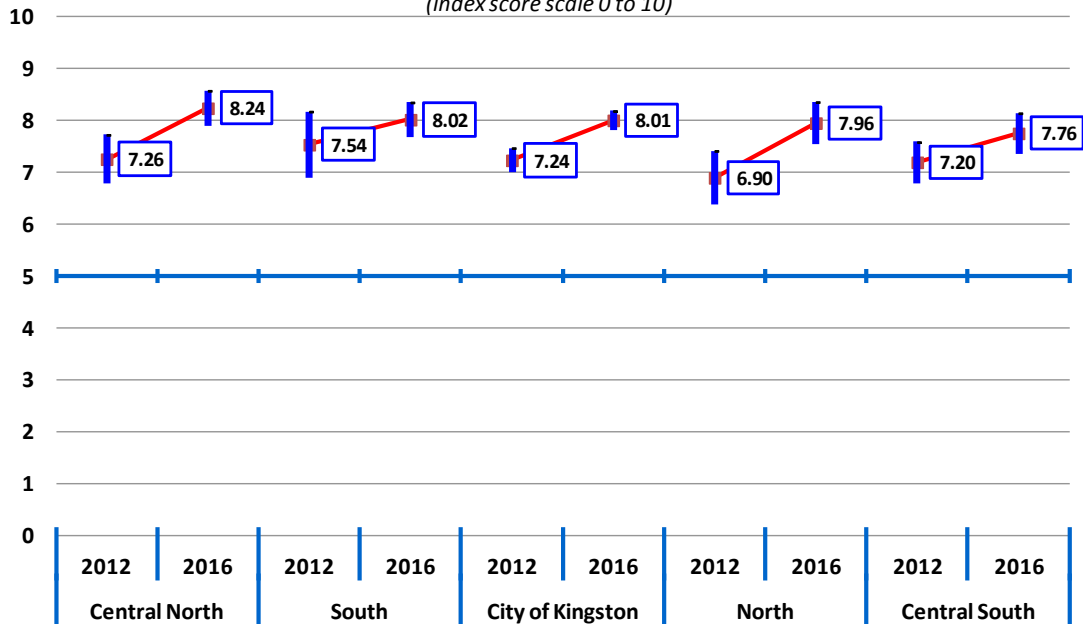
There was no statistically significant variation in this result observed across the four regions comprising the City of Kingston.





Agreement that it's easy to find out what services are available to residents in the local area by region

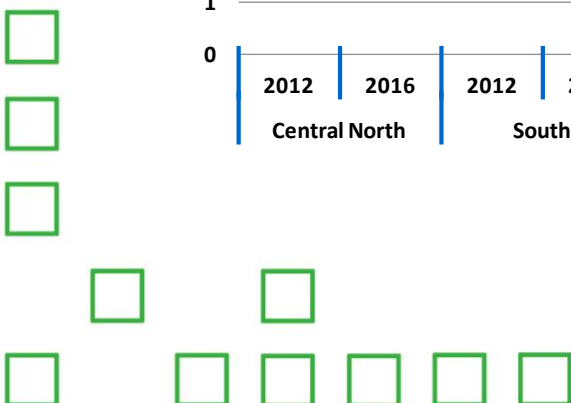
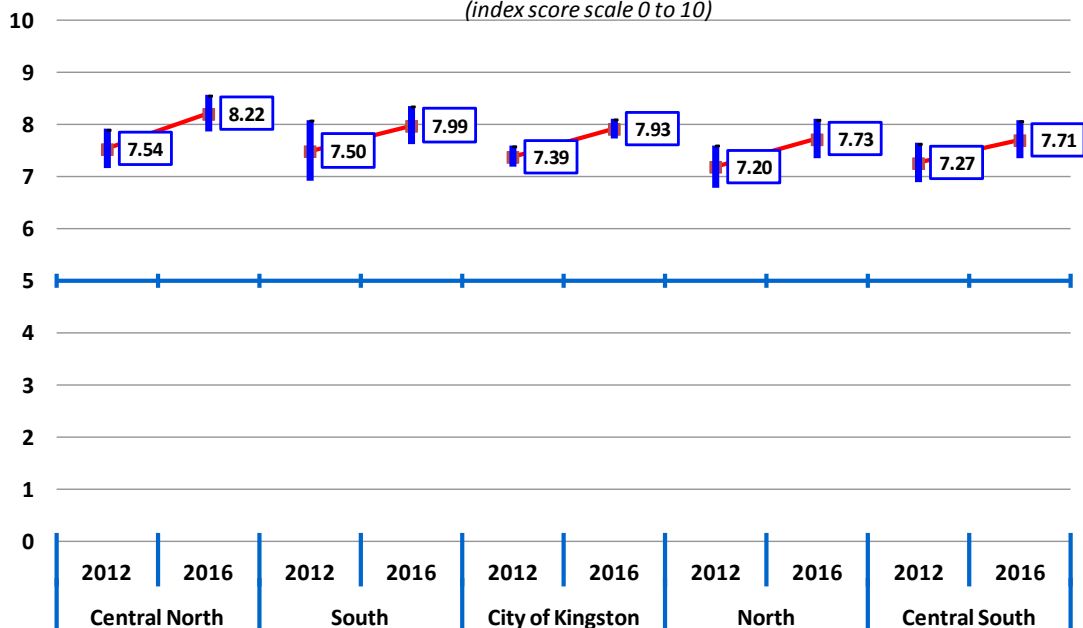
Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)



There was a measurable increase in average agreement that “there are adequate community services available in the local area” of respondents across the City of Kingston between 2012 and 2016. This increase was replicated in each of the four regions comprising the municipality. There was no statistically significant variation in this result observed across the four regions comprising the City of Kingston.

Agreement that there are adequate community services available in the local area by region

Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)

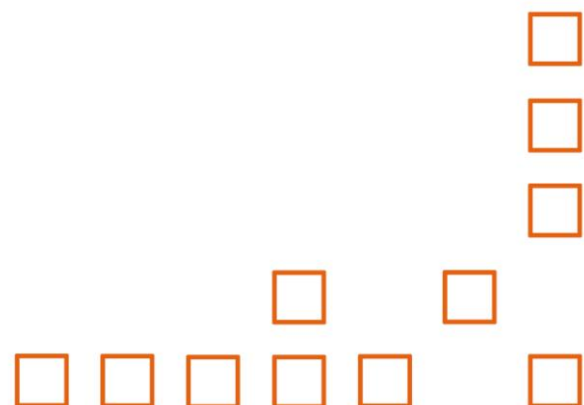
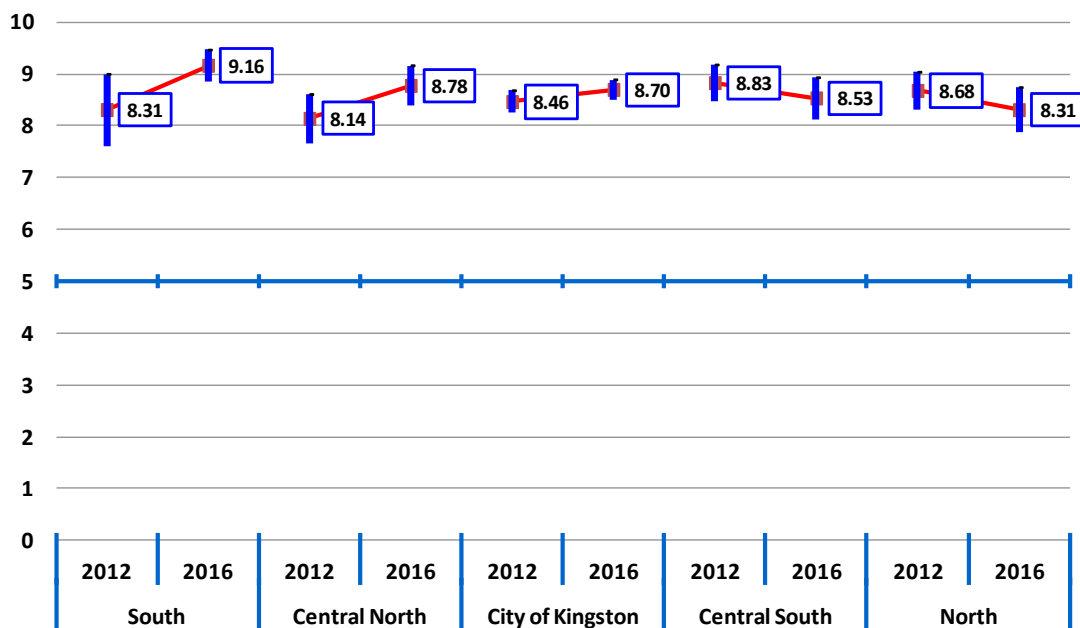


There was no measurable increase in average agreement that “I have access to dental services in my local area” across the four regions comprising the City of Kingston.



There was some measurable variation in average agreement with this statement observed across the four regions of Kingston, with respondents from South rating agreement measurably higher than the municipal average.

Agreement that I have access to dental services in my local area by region
Kingston City Council - 2016 Health and Wellbeing Survey
(index score scale 0 to 10)





Local community involvement

Respondents were asked:

“Are you actively involved in your local community in either of the following ways?”

Clubs or community groups

In 2016 a little more than one-third (37.3%) of respondents reported that they were an active member of a club or community group, a decline on the little less than half (46.4%) recorded in the 2012 survey.

Active member of a club or community group
Kingston City Council - 2012 Health and Wellbeing Survey
(Number and percent of total respondents)

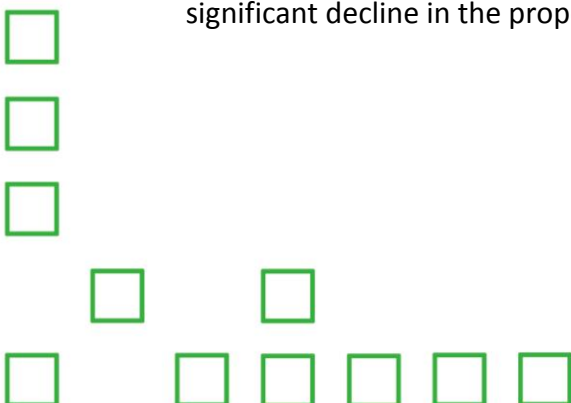
Response	2016		2012	Change from 2012
	Number	Percent		
Yes	184	37.3%	46.4%	-9.1%
No	309	62.7%	53.6%	9.1%
Can't say	7		1	
Total	500	100%	512	

There was a significant degree of variation in this result observed across the four regions comprising the City of Kingston, with attention drawn to the following:

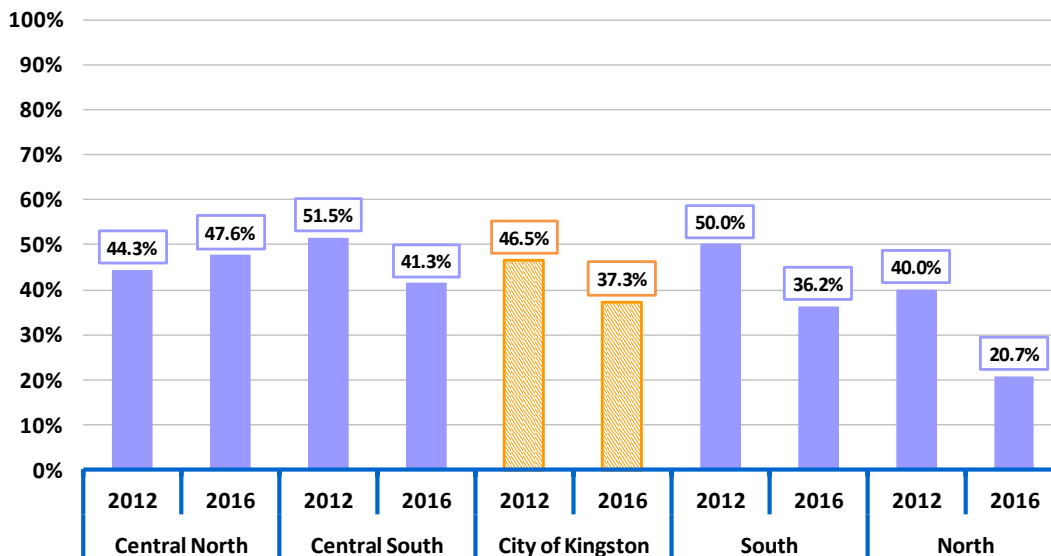
- ⊗ **Central North** and **Central South** – respondents were measurably more likely than average to be an active member of a club or community group.
- ⊗ **North** – respondents were measurably (almost half) less likely than average to be an active member of a club or community group.

Metropolis Research notes that there was a significant degree of variation in the results at the region level between those recorded in 2012 and 2016.

There was a sizeable decline in the proportion of respondents from Central South and South that were active members of a club or community group, and a very significant decline in the proportion of respondents from North.



Active member of a club or community group by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)



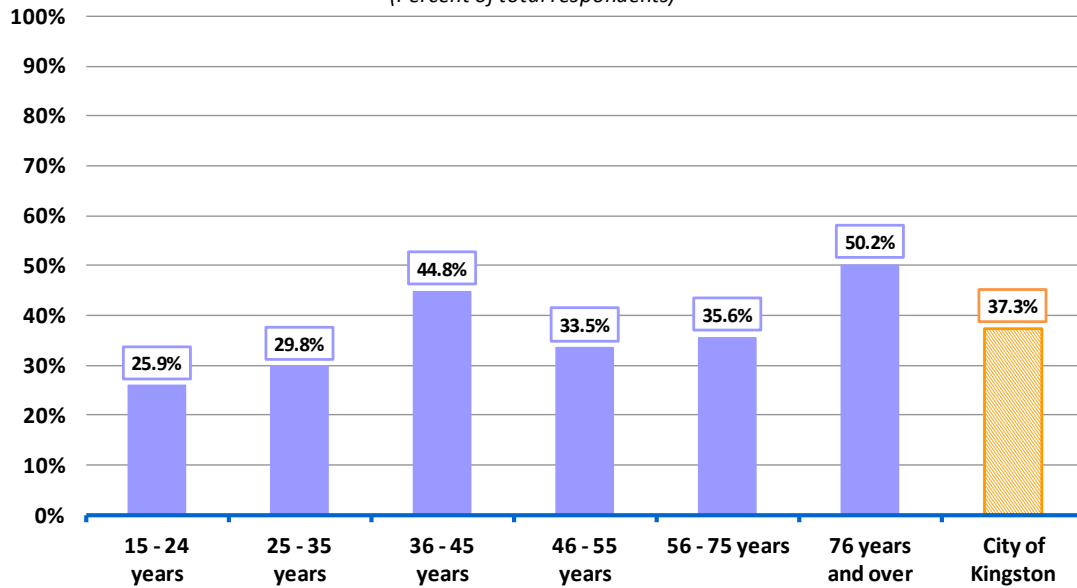
There was some variation observed in the propensity of respondents to be active members of a club or community group observed by respondent profile, with attention drawn to the following:

- ⊗ **Younger respondents (aged 15 to 35 years)** – were somewhat less likely than older respondents to be active members of a club or community group.
- ⊗ **Adults (aged 36 to 45 years)** – respondents were somewhat more likely than both younger and older respondents (but less likely than senior citizens) to be active members of a club or community group. In the experience of Metropolis Research, this age group is the most likely to be parents of school-aged children and are correspondingly often somewhat more engaged in community activities than most other age groups.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were the most likely to be active members of a club or community group.
- ⊗ **Female** – respondents were slightly more likely than male respondents to be members of a club or community group.
- ⊗ **English speaking** – respondents from English speaking households were almost twice as likely as respondents from non-English speaking households to be active members of a club or community group.
- ⊗ **Persons with a disability or long-term illness** – respondents with a disability or long-term illness were measurably more likely than respondents without a disability or long-term illness to be an active member of a club or community group.

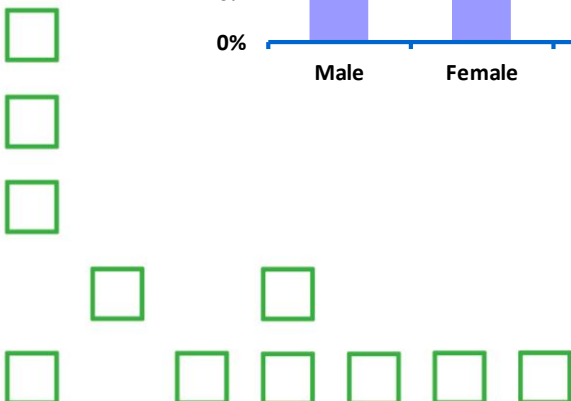
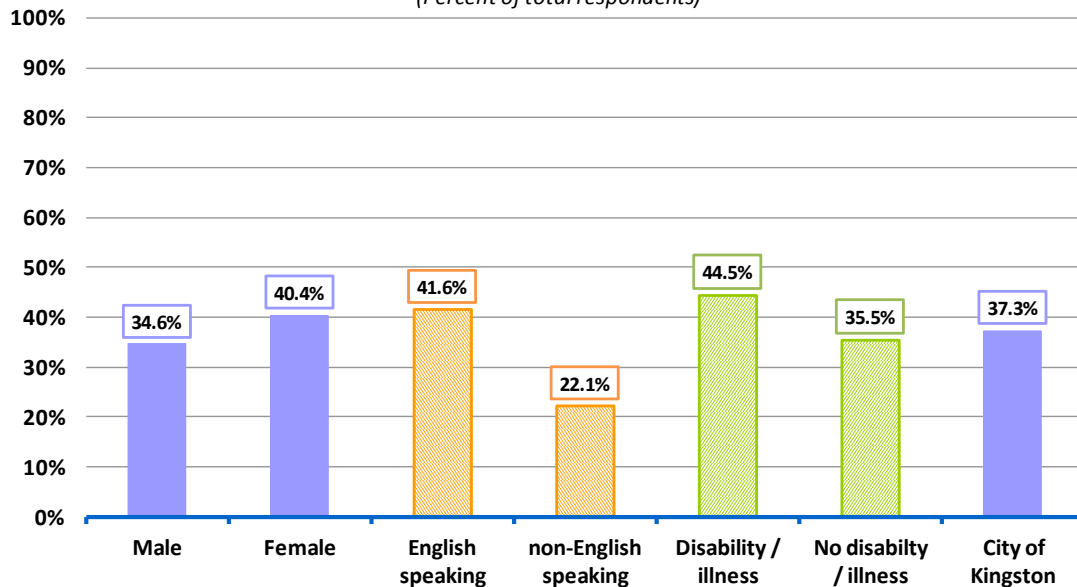


Metropolis Research notes that the sample in 2012 had a measurably higher proportion of female respondents than the 2016 survey. This is likely to have had a small impact on the comparisons between the two surveys in relation to these results.

Active member of a club or community group by age structure
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of total respondents)



Active member of a club or community group by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of total respondents)





Volunteer regularly

In 2016, a little more than one-quarter (27.8%) of respondents reported that they volunteer regularly. This is a small decline on the 30.6% recorded in the 2012 survey.

I / we volunteer regularly
Kingston City Council - 2012 Health and Wellbeing Survey
 (Number and percent of total respondents)

Response	2016		2012	Change from 2012
	Number	Percent		
Yes	137	27.8%	30.6%	-2.8%
No	356	72.2%	69.4%	2.8%
Can't say	7		3	
Total	500	100%	512	

There was a significant degree of variation in this result observed across the four regions comprising the City of Kingston, with attention drawn to the following:

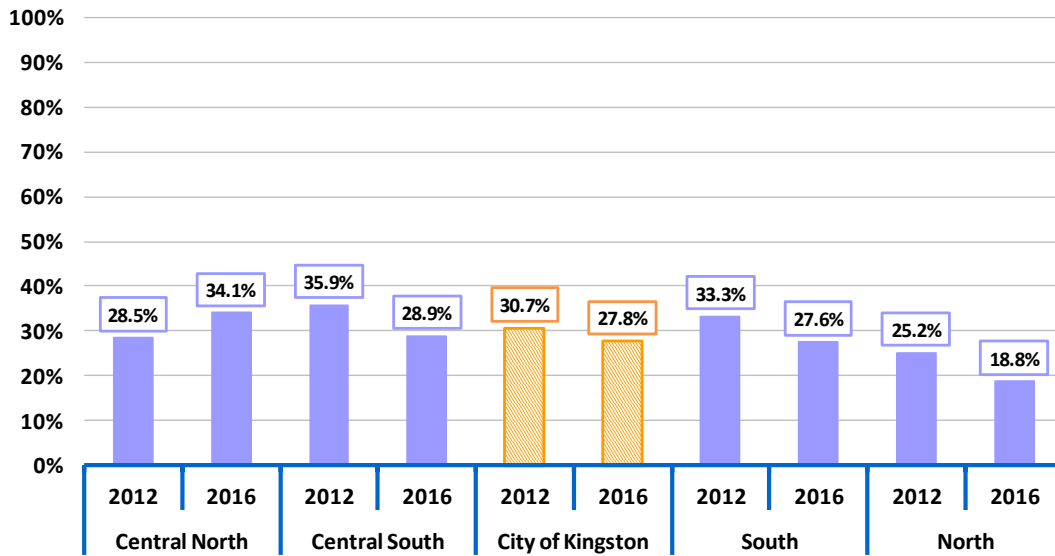
- ⊗ **Central North** – respondents were measurably more likely than average to volunteer regularly.
- ⊗ **North** – respondents were measurably less likely than average to volunteer regularly.

There was some variation in the region results observed between 2012 and 2016, although Metropolis Research notes that the degree of variation is considerably less than was observed between 2012 and 2016 in relation to active membership of a club or community group.

There was a small increase in the proportion of respondents from North that volunteer regularly, and a decline in the proportion from Regions One, Three, and Four.



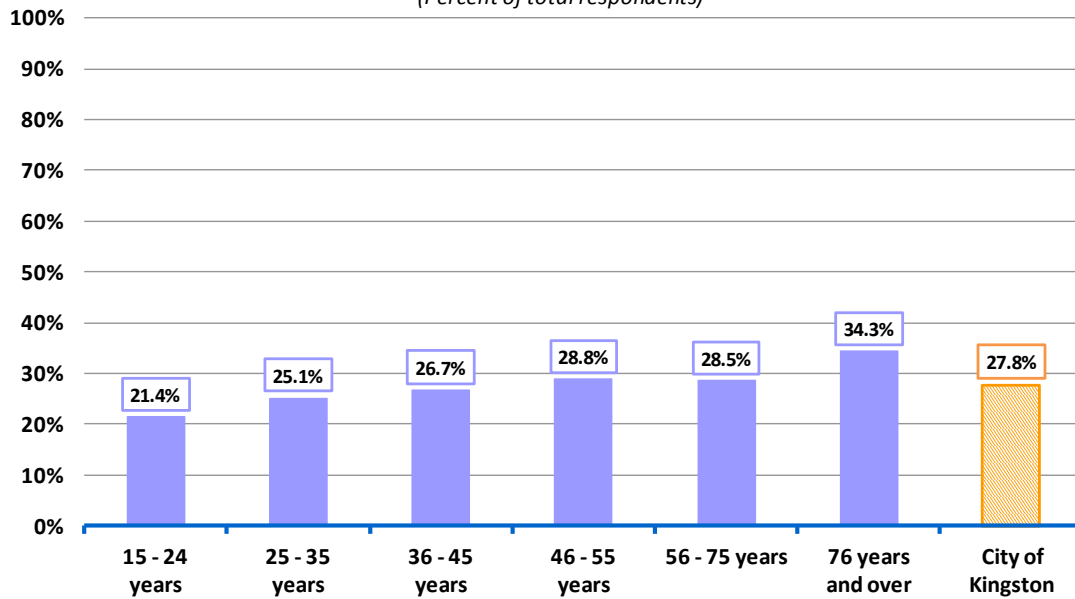
I / we volunteer regularly by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)



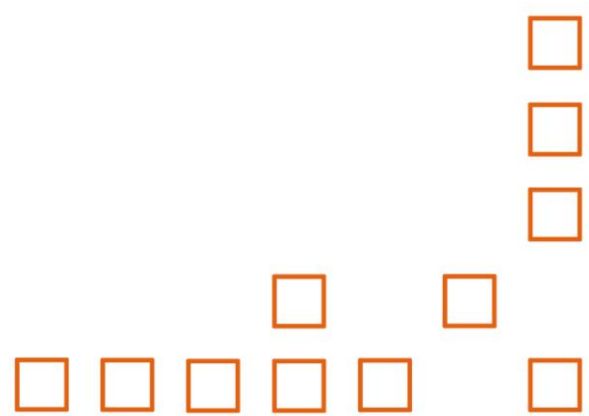
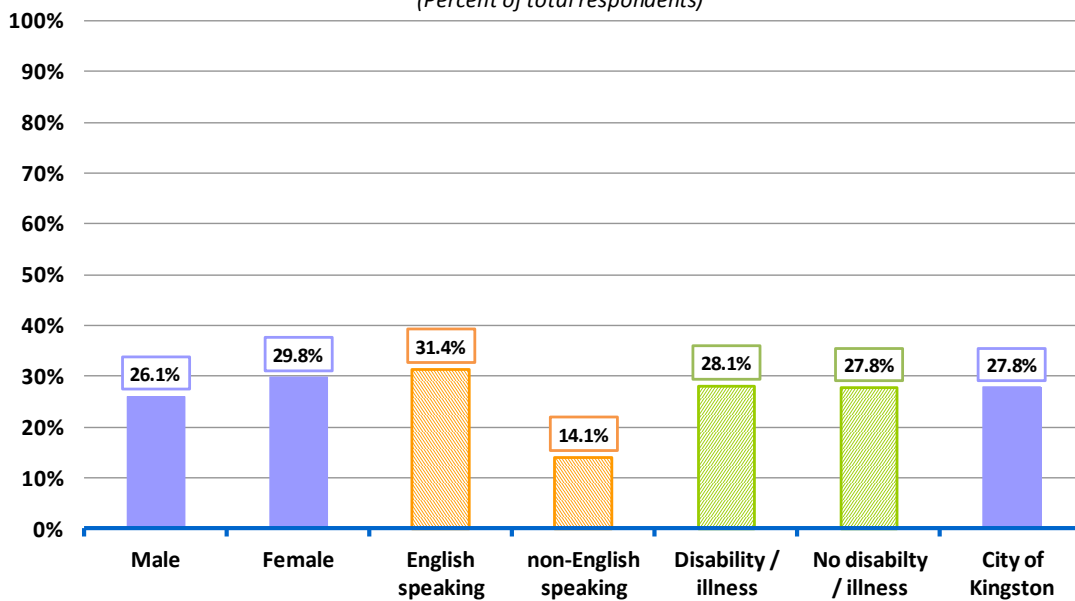
There was some variation in the propensity of respondents to volunteer regularly observed by respondent profile, with attention drawn to the following:

- ⊗ **Adolescents and young persons (aged 15 to 25 years)** – were marginally less likely than older respondents to volunteer regularly.
- ⊗ **Senior citizens (aged 76 years and over)** – were marginally more likely than younger respondents to volunteer regularly.
- ⊗ **Female** – respondents were marginally, but not measurably more likely than male respondents to volunteer regularly.
- ⊗ **English speaking** – respondents from English speaking households were measurably and significantly (more than twice) as likely as those from non-English speaking households to volunteer regularly.
- ⊗ **Persons with a disability or long-term illness** – there was no meaningful variation between respondents with or without a disability or long-term illness in their propensity to volunteer regularly.

I / we volunteer regularly by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of total respondents)



I / we volunteer regularly by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of total respondents)





Access to funds in an emergency

Respondents were asked:

“Would this household be able to access at least \$2,000 in an emergency?”

The proportion of respondents reporting that their household would be able to access at least two thousand dollars in an emergency increased marginally in 2016, up from 87.4% in 2012 to 90.5% in 2016.

It is noted that in 2016 a measurably larger number of respondents did not provide a response to this question. This increase in non-response is likely to reflect, at least in part, the different methodology employed in 2016. Face-to-face interviews around financial issues such as this will always receive a lower response rate.

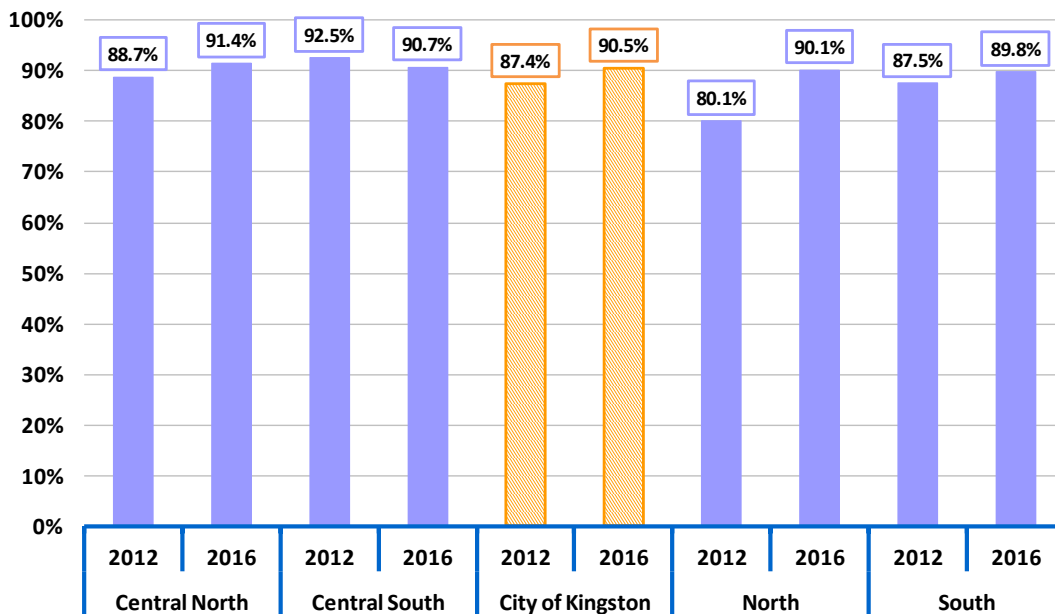
Ability to access at least \$2,000 in an emergency
Kingston City Council - 2012 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	2016		2012	Change from 2012
	Number	Percent		
Yes	306	90.5%	87.4%	3.1%
No	32	9.5%	12.6%	-3.1%
Can't say	162		35	
Total	500	100%	512	

In 2016 there was almost no variation in this result observed across the four regions comprising the City of Kingston. Attention is drawn to the significant increase in the result in North in 2016 compared to 2012.

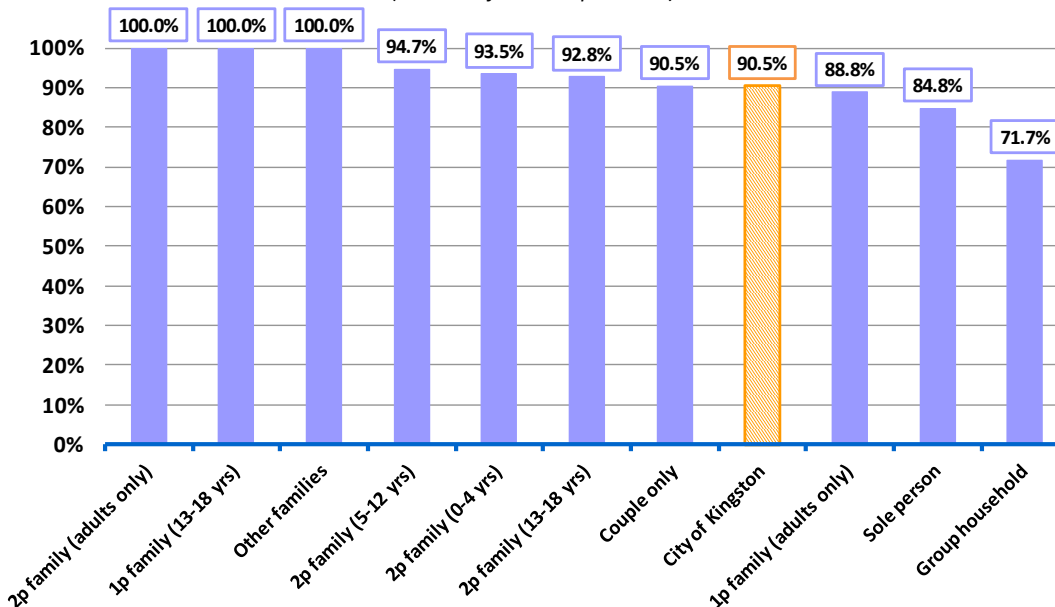


Able to access at least \$2,000 in an emergency by region
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)



There was a little variation in this result based on the respondents' household structure, with group household respondents measurably less likely to be able to access the funds than were respondents from other household structures.

Able to access at least \$2,000 in an emergency by household structure
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of total respondents)





Built environment

Visiting parks, gardens and reserves

Respondents were asked:

“How often do you typically visit local parks, gardens or reserves?”

Despite the fact that there was a slight increase in the proportion visiting daily (18.6% up from 14.3%), there was a slight decline in the proportion of respondents reporting that they visit local parks, gardens and reserves at least rarely, down from 94.3% to 91.8%.

Approximately half (51.2%) of the respondents reported that they visit local parks, gardens, and reserves on a regular or daily basis. Metropolis Research notes that this result is consistent with results observed elsewhere across metropolitan Melbourne over a long period of time, with around half of the population being regular visitors to public open spaces. This result reinforces the fact that public open space is a critical component of all local communities and these spaces are well utilised by a considerable proportion of the community.

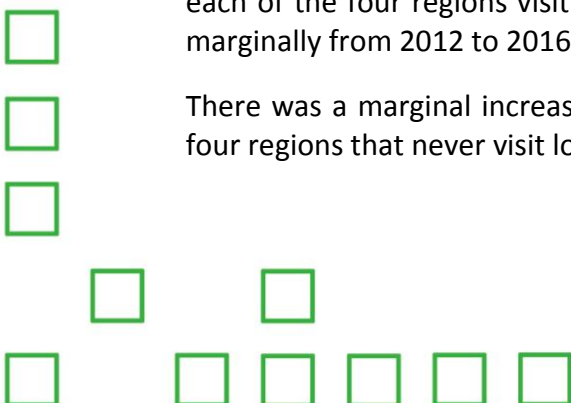
Visiting local parks, gardens or reserves
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	2016		2012	Change from 2012
	Number	Percent		
Daily	91	18.6%	14.3%	4.3%
Regularly	155	31.6%	47.2%	-15.6%
Occasionally	147	30.0%	24.1%	5.9%
Rarely	57	11.6%	8.8%	2.8%
Never	40	8.2%	5.7%	2.5%
Can't say	10		1	
Total	500	100%	512	

As is clearly evident in the following graph, there was a very slight decline in the proportion of respondents from each of the four regions comprising the City of Kingston that visit local parks, gardens, and reserves at least occasionally.

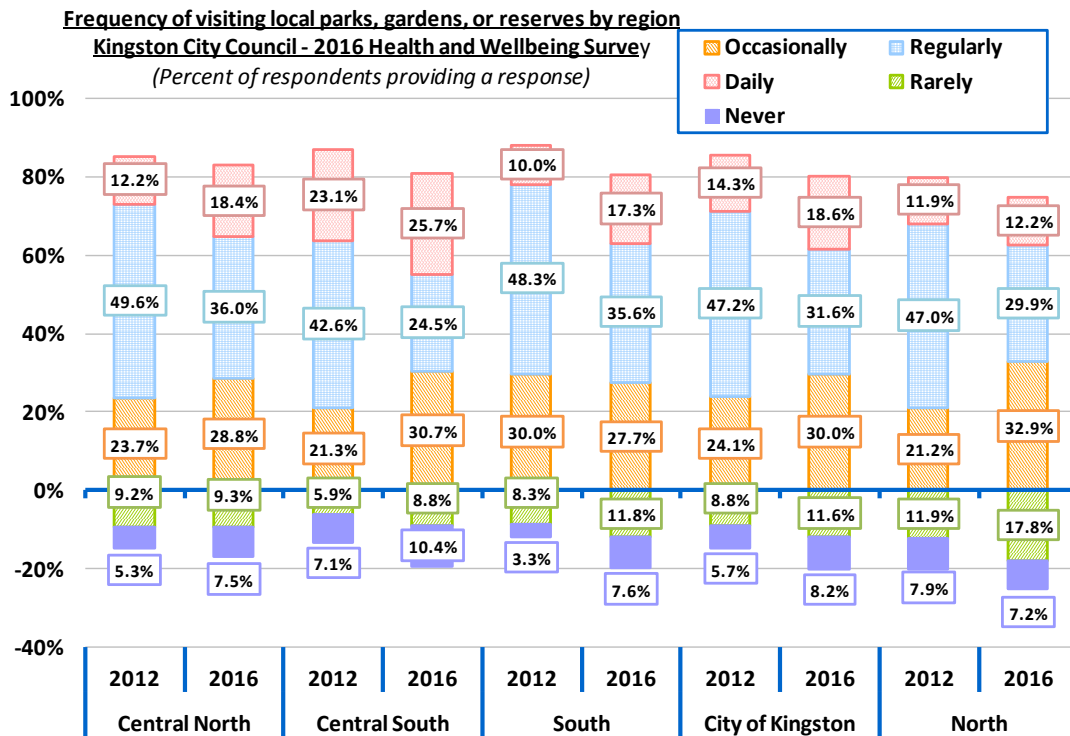
Attention is however drawn to the fact that the proportion of respondents from each of the four regions visiting local parks, gardens, and reserves daily increased marginally from 2012 to 2016.

There was a marginal increase in the proportion of respondents from each of the four regions that never visit local parks, reserves and open spaces.



Metropolis Research does draw attention to the fact that in 2016, there was relatively little significant variation in these results observed across the four regions comprising the City of Kingston, although attention is drawn to the following:

- ⊗ **Central South** – respondents were somewhat more likely than average to visit local parks, gardens and reserves daily, and somewhat less likely to visit regularly.
- ⊗ **North** – respondents were somewhat less likely than average to visit local parks, gardens and reserves daily, and somewhat more likely than average to visit only rarely.

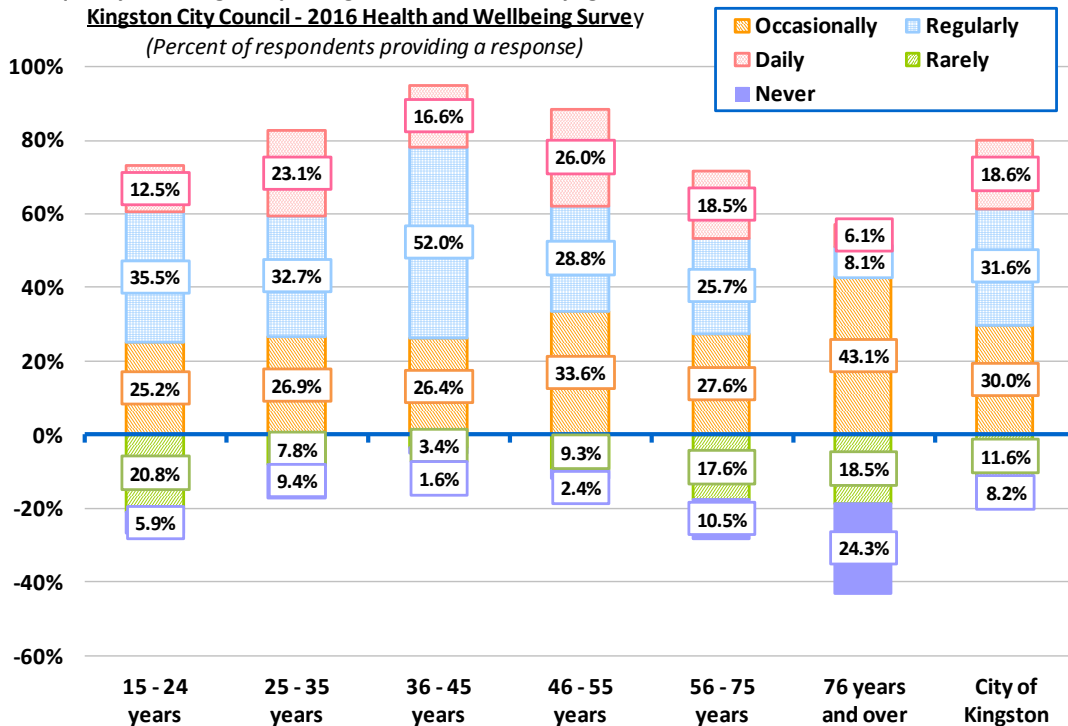


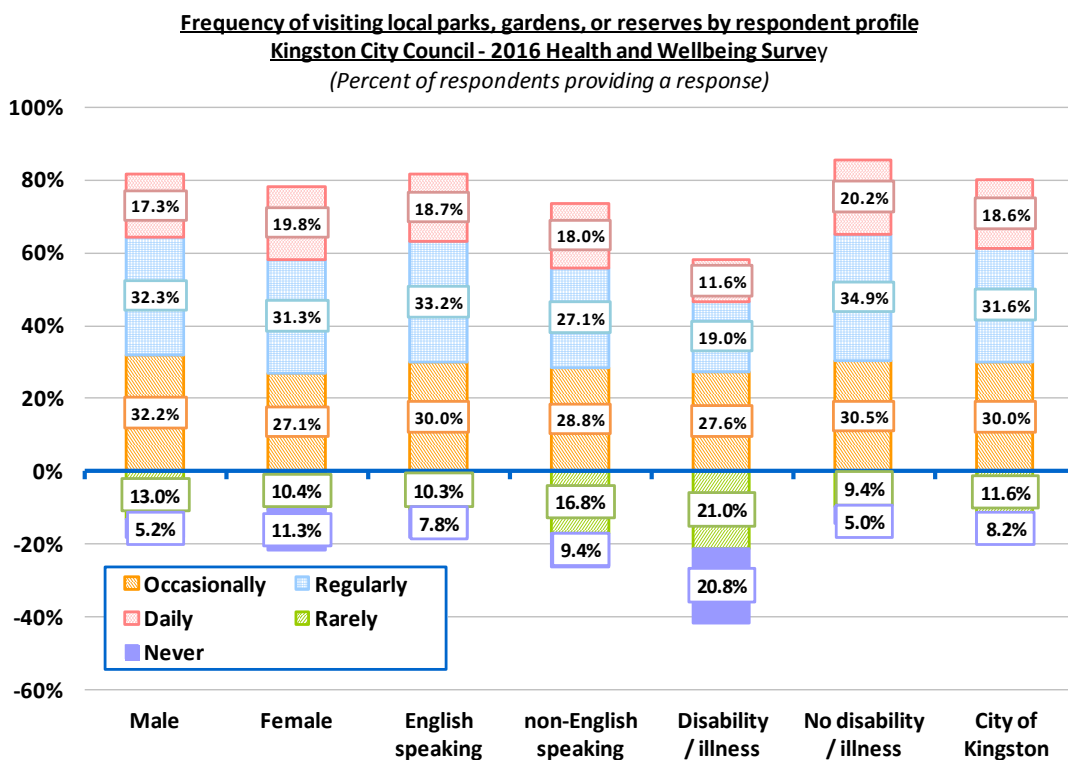
There was significant variation in the propensity of respondents to visit local parks, gardens and reserves observed by respondent profile, with attention drawn to the following:

- ⊗ **Adolescents and young persons (aged 15 to 25 years)** – respondents were somewhat more likely than average to visit local parks, gardens and reserves only rarely.
- ⊗ **Young adults (aged 25 to 35 years)** – respondents were marginally more likely than average to visit local parks, gardens, and reserves daily.
- ⊗ **Adults (aged 36 to 45 years)** – were the most likely to visit local parks, gardens and reserves, and were measurably more likely to visit regularly than other age groups. This group of respondents is typically the most likely to have younger children, which does often impact on their visitation to local parks, gardens and reserves.

- ⊗ **Middle-aged adults (aged 46 to 55 years)** – respondents were marginally more likely than average to visit local parks, gardens and reserves daily.
- ⊗ **Older adults (aged 56 to 75 years)** – respondents were marginally less likely than average to visit local parks, gardens and reserves regularly, and somewhat more likely than average to visit only rarely.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were measurably less likely than average to visit local parks, gardens and reserves daily or regularly, and measurably more likely to visit only rarely or never visit.
- ⊗ **Male** – respondents were very marginally more likely than female respondents to visit local parks, gardens and reserves at least occasionally.
- ⊗ **Female** – respondents were twice as likely as male respondents to never visit local parks, gardens and reserves.
- ⊗ **English speaking** – respondents from English speaking households were marginally more likely than respondents from non-English speaking households to visit local parks, gardens and reserves at least occasionally.
- ⊗ **Non-English speaking** – respondents from non-English speaking households were somewhat more likely than respondents from English speaking households to visit local parks, gardens and reserves only rarely.
- ⊗ **Persons with a disability or long-term illness** – respondents with a disability or long-term illness were measurably more likely than respondents without a disability or long-term illness to rarely or never visit local parks, gardens and reserves.

Frequency of visiting local parks, gardens, or reserves by age structure
 Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)





Walking or cycling to local shops or facilities

Respondents were asked:

“In the past week, have you walked or cycled to the local shops or local facilities?”

Consistent with the results recorded in 2012, approximately two-thirds (69.4% up from 64.8%) of respondents reported that they had walked or cycled to their local shops or facilities at least once in the past week.

It is noted that the proportion walking or cycling to local shops or facilities at least once increased from 22.5% to 33.5%, whilst the proportion walking or cycling to these facilities more than once declined from 42.3% to 30.6%.

Walking / cycling to local shops or facilities
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent of total respondents)

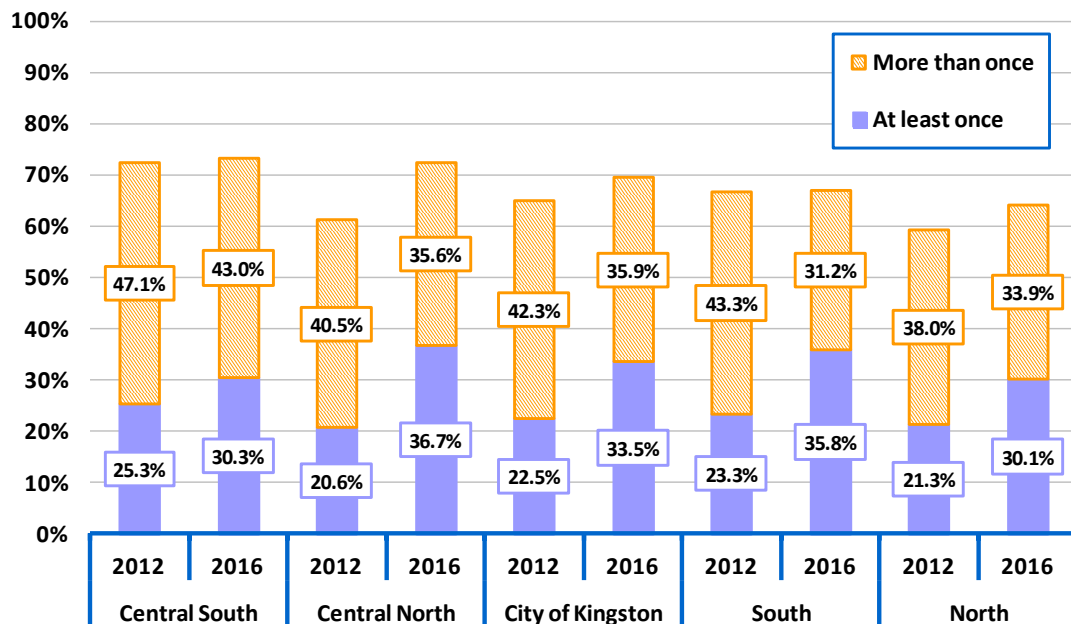
Response	2016		2012	Change from 2012
	Number	Percent		
Yes - at least once	158	33.5%	22.5%	11.0%
Yes - more than once	169	35.9%	42.3%	-6.4%
No	144	30.6%	35.2%	-4.6%
Can't say	29		1	
Total	500	100%	512	

Overall, the proportion of respondents walking or cycling to the local shops or facilities at least once in the past week increased for respondents from each of the four regions comprising the City of Kingston. This increase was particularly pronounced in relation to respondents from Central North, which increased from 61.1% to 72.3%.

Metropolis Research notes that there was relatively little meaningful variation in these results in 2016 observed across the four regions comprising the City of Kingston. Attention is however drawn to the following:

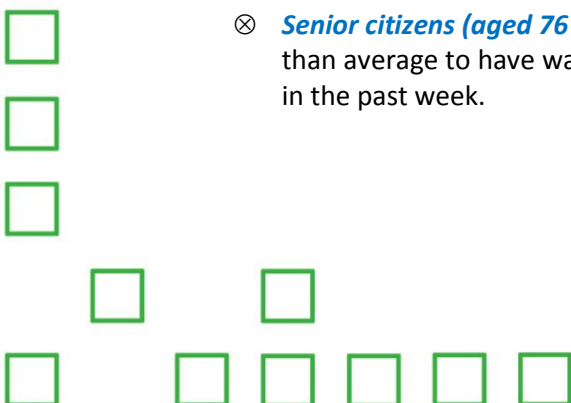
- ⊗ **Central South** – respondents were somewhat more likely than average to walk or cycle to their local shops or facilities more than once in the past week.

Walked or cycled to local shops in the past week by region
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of respondents providing a response)



When examined by respondent profile, there was some variation in the propensity of respondents to walk or cycle to their local shops or facilities, with attention drawn to the following:

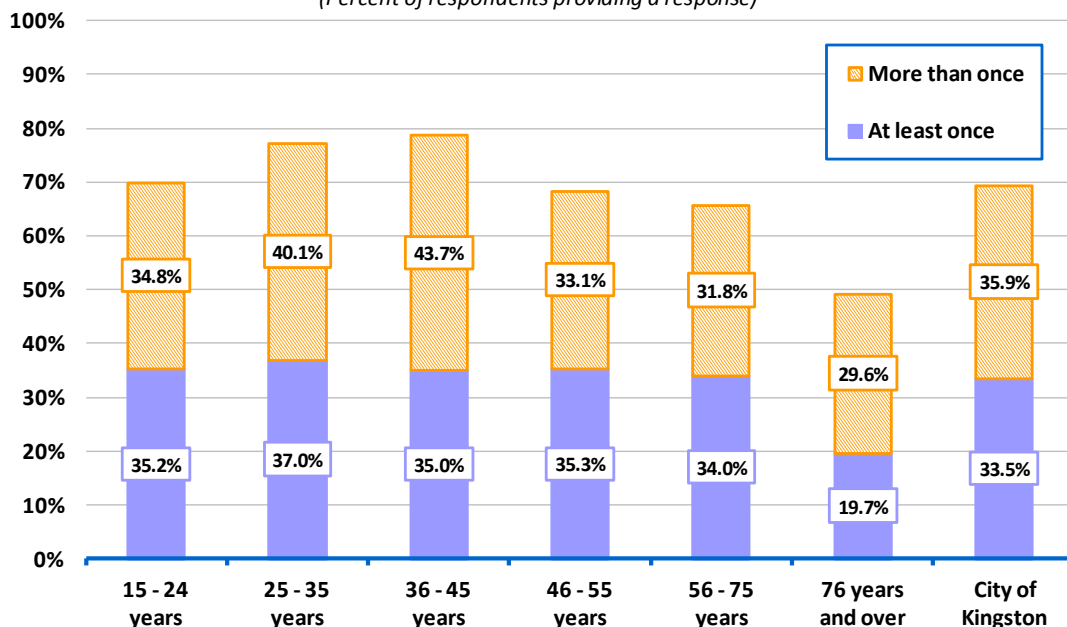
- ⊗ **Young adults and adults (aged 25 to 45 years)** – more than three-quarters of these respondents walked or cycled to their local shops or facilities at least once in the last week.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were measurably less likely than average to have walked or cycled to their local shops or facilities at least once in the past week.

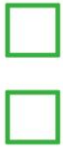


- ⊗ **Female** – respondents were marginally more likely than male respondents to have walked or cycled to their local shops or facilities more than once in the past week.
- ⊗ **English speaking** – respondents from English speaking households were marginally more likely than respondents from non-English speaking households to have walked or cycled to their local shops or facilities more than once in the past week.
- ⊗ **Non-English speaking** – respondents from non-English speaking households were marginally more likely than respondents from English speaking households to have walked or cycled to their local shops or facilities at least once in the past week.
- ⊗ **Persons with a disability or long-term illness** – respondents with a disability or long-term illness were measurably less likely than respondents without a disability or long-term illness to walk or cycle to local shops in the past week.

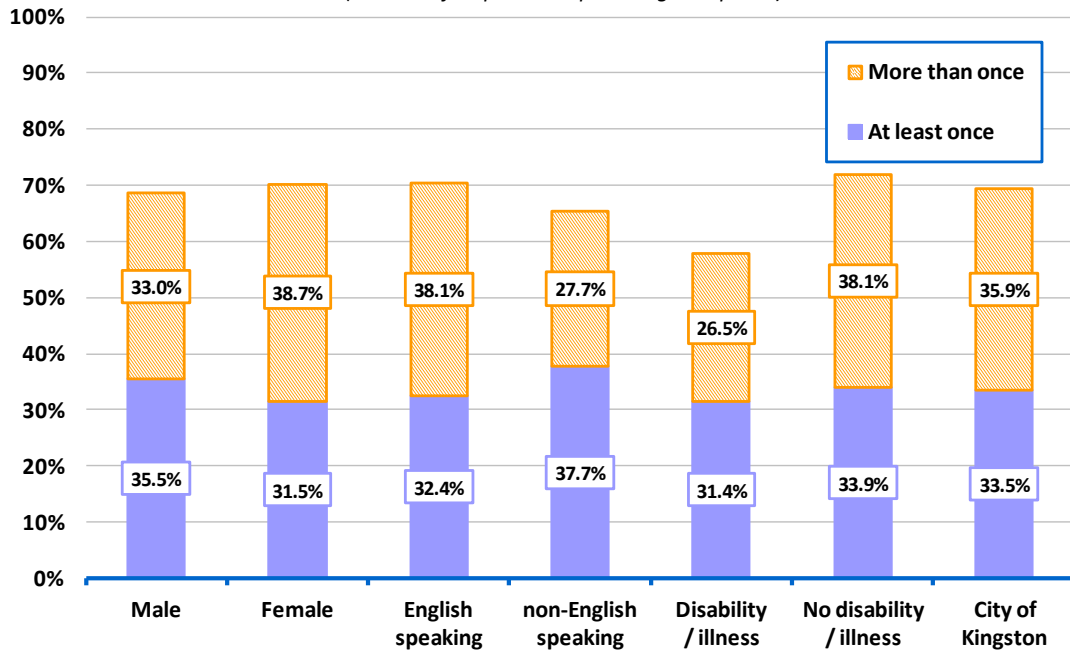


Walked or cycled to local shops in the past week by age structure
Kingston City Council - 2016 Health and Wellbeing Survey
(Percent of respondents providing a response)





Walked or cycled to local shops in the past week by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
 (Percent of respondents providing a response)



Health and wellbeing related improvements to the local area

Respondents were asked:

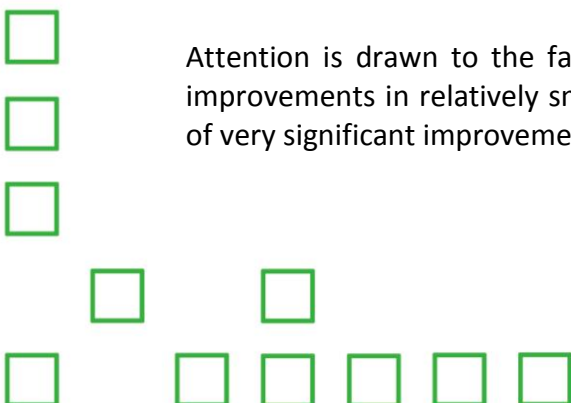
“What three things could be improved or changed in your local area that would support or improve your health and well-being?”

Respondents were again in 2016 asked what three things could be improved or changed in their local area that would support or improve their health and well-being. These open-ended responses have been categorised as outlined in the following tables.

A total of 177 respondents (35.4% down from 60.1%) identified an average of 1.5 improvements each. It is noted that the proportion of respondents identifying at least one improvement declined substantially from the 2012 result.

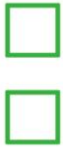
The most common improvements identified by respondents in 2016 were those related to parks, gardens and open spaces (5.4%), sports and recreation facilities (4.2%), and safety, policing and crime related (3.4%).

Attention is drawn to the fact that respondents identified a very wide range of improvements in relatively small numbers, rather than identifying a small number of very significant improvements on which Council could concentrate.



Improvements needed in local area to support / improve health and wellbeing
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number of total responses)

Issue	2016		2012	Change from 2012
	Number	Percent		
Parks, gardens, open space	27	5.4%	11.0%	-5.6%
Sports and recreation facilities	21	4.2%	4.6%	-0.4%
Safety, policing and crime	17	3.4%	7.8%	-4.4%
Street lighting	16	3.2%	3.8%	-0.6%
Traffic management	15	3.0%	6.9%	-3.9%
Footpath maintenance and repairs	14	2.8%	1.9%	0.9%
Bicycles and bike tracks	14	2.8%	3.1%	-0.3%
Public transport	12	2.4%	5.6%	-3.2%
Building, housing, planning and development	11	2.2%	1.4%	0.8%
Street trees	10	2.0%	3.9%	-1.9%
Public health / medical facilities	9	1.8%	4.5%	-2.7%
Quality and provision of local shops	9	1.8%	3.8%	-2.0%
Parking	6	1.2%	2.9%	-1.7%
Community activities and events	6	1.2%	0.9%	0.3%
Smell from tip / land fill	6	1.2%	1.6%	-0.4%
Consultation, communication & provision of info	5	1.0%	4.7%	-3.7%
Noise	5	1.0%	0.5%	0.5%
Mental health	5	1.0%	1.3%	-0.3%
Services and facilities for the elderly (aged care)	4	0.8%	0.9%	-0.1%
Provision and maintenance of general infrastructure	4	0.8%	0.0%	0.8%
Libraries	3	0.6%	0.1%	0.5%
Facilities and activities for children	3	0.6%	0.7%	-0.1%
Public toilets	3	0.6%	0.5%	0.1%
Rubbish and waste including garbage collection	3	0.6%	5.2%	-4.6%
Animal management	3	0.6%	1.1%	-0.5%
Street cleaning	3	0.6%	0.8%	-0.2%
Quality and provision of Council services	3	0.6%	0.1%	0.5%
Drug and alcohol issues	3	0.6%	2.3%	-1.7%
Education and schools	2	0.4%	0.4%	0.0%
Services and facilities for the disabled	2	0.4%	0.0%	0.4%
Rates	2	0.4%	1.5%	-1.1%
Hard rubbish	2	0.4%	0.2%	0.2%
Fresh fruit / farmers market	2	0.4%	0.8%	-0.4%
Promoting community atmosphere, arts and culture	2	0.4%	0.8%	-0.4%
Dental services	2	0.4%	0.8%	-0.4%
Graffiti	2	0.4%	0.0%	0.4%
All other issues	17	3.4%	8.9%	-5.5%
Total number of responses	273		507	
<i>Respondents identifying at least one aspect</i>	<i>177 (35.4%)</i>		<i>60.1%</i>	



The following table outlines the top ten improvements for respondents from each of the four regions comprising the City of Kingston. There was relatively little measurable variation in these results observed, however attention is drawn to the following:

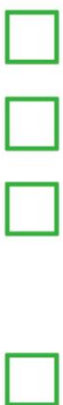
- ⊗ **North** – respondents were marginally more likely than average to identify bicycle and bike rack related improvements.
- ⊗ **Central North** – respondents were marginally more likely than average to identify improvements to parks, gardens, and open spaces, and sports and recreation facilities.
- ⊗ **Central South** – respondents were marginally more likely than average to identify improvements to the quality and provision of local shops.
- ⊗ **South** – respondents were marginally more likely than average to identify improvements related to safety, policing and crime issues.

Top ten improvements needed in local area to support / improve health and wellbeing by region
Kingston City Council - 2016 Health and Wellbeing Survey
(percent of total respondents)

North		Central North	
Bicycles and bike tracks	5.0%	Parks, gardens, open space	9.4%
Parks, gardens, open space	4.2%	Sports and recreation facilities	7.2%
Street lighting	4.2%	Traffic management	4.3%
Safety, policing and crime	4.2%	Public transport	3.6%
Traffic management	3.3%	Building, housing, planning and development	2.9%
Libraries	2.5%	Footpath maintenance and repairs	2.9%
Public transport	2.5%	Street lighting	2.9%
Street trees	2.5%	Street trees	2.9%
Smell from tip / land fill	2.5%	Mental health	2.9%
All other issues	19.7%	All other issues	20.9%

Central South		South	
Quality and provision of local shops	5.2%	Safety, policing and crime	7.1%
Parks, gardens, open space	4.3%	Footpath maintenance and repairs	4.8%
Sports and recreation facilities	4.3%	Street lighting	4.0%
Traffic management	3.4%	Building, housing, planning and development	3.2%
Bicycles and bike tracks	3.4%	Public transport	3.2%
Services and facilities for the elderly	1.7%	Sports and recreation facilities	3.2%
Parking	1.7%	Public health / medical facilities	2.4%
Consultation, commun. and prov. of info.	1.7%	Parks, gardens, open space	1.6%
Building, housing, planning and development	1.7%	Traffic management	1.6%
All other issues	29.3%	All other issues	15.9%

The following table provides the top ten improvements by respondents' age structure, with attention drawn to the following:



- ⊗ **Adolescents and young persons (aged 15 to 25 years)** – respondents were marginally more likely than average to identify improvements related to bicycles and bike racks, and rubbish and waste issues.



- ⊗ **Adults (aged 35 to 45 years)** – respondents were marginally more likely than average to identify improvements related to sports and recreation facilities and parks, gardens, and open space issues.
- ⊗ **Middle-aged adults (aged 46 to 55 years)** – respondents were marginally more likely than average to identify building, housing, planning and development related improvements.
- ⊗ **Senior citizens (aged 76 years and over)** – respondents were marginally more likely than average to identify improvements related to footpath maintenance and repairs and street trees.

Top ten improvements needed in local area to support / improve health and wellbeing by age structure
Kingston City Council - 2016 Health and Wellbeing Survey
 (percent of total respondents)

15 - 24 years		25 - 35 years	
Bicycles and bike tracks	6.2%	Parks, gardens, open space	6.7%
Rubbish & waste including garbage collection	5.4%	Safety, policing and crime	4.9%
Parks, gardens, open space	5.1%	Community activities and events	2.9%
Sports and recreation facilities	4.8%	Fresh fruit / farmers market	2.8%
Employment and job creation	3.3%	Bicycles and bike tracks	2.6%
Public health / medical facilities	3.0%	Footpath maintenance and repairs	2.3%
Quality and provision of Council services	3.0%	Street trees	2.1%
Mental health	3.0%	Traffic management	1.8%
Consultation, commun. and prov. of info.	1.3%	Animal management	1.7%
All other issues	8.9%	All other issues	16.1%

36 - 45 years		46 - 55 years	
Sports and recreation facilities	10.0%	Building, housing, planning and development	7.2%
Parks, gardens, open space	8.4%	Parks, gardens, open space	5.9%
Public transport	4.8%	Bicycles and bike tracks	5.9%
Street lighting	4.8%	Traffic management	5.1%
Quality and provision of local shops	3.1%	Safety, policing and crime	4.7%
Traffic management	2.9%	Quality and provision of local shops	4.1%
Bicycles and bike tracks	2.9%	Footpath maintenance and repairs	4.1%
Safety, policing and crime	2.0%	Quality and provision of Council services	2.2%
Parking	1.8%	Community activities and events	2.0%
All other issues	24.7%	All other issues	17.9%

56 - 75 years		76 years and over	
Sports and recreation facilities	5.3%	Footpath maintenance and repairs	7.7%
Street lighting	5.1%	Street trees	5.2%
Parks, gardens, open space	4.0%	Safety, policing and crime	3.9%
Footpath maintenance and repairs	3.4%	Street lighting	2.8%
Traffic management	3.4%	Noise	2.8%
Safety, policing and crime	3.1%	Public health / medical facilities	2.1%
Street trees	2.7%	Sports and recreation facilities	2.1%
Parking	2.6%	Public transport	2.1%
Building, housing, planning and development	2.5%	Animal management	2.1%
All other issues	26.4%	All other issues	7.6%

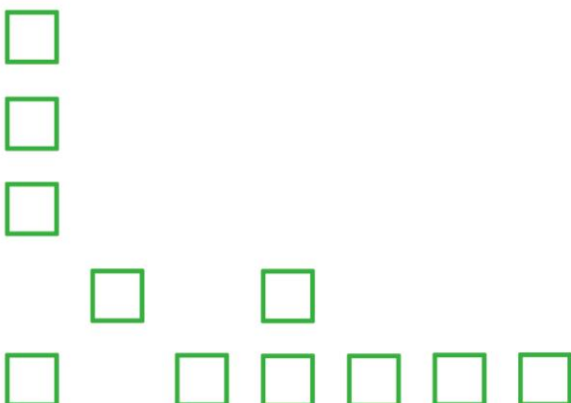
There was relatively little meaningful variation observed in these results based on the respondents' gender, language spoken at home, or disability / long-term illness status, as outlined in the following table.

Top ten improvements needed in local area to support / improve health and wellbeing by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
(percent of total respondents)

Males		Females	
Sports and recreation facilities	7.1%	Traffic management	4.9%
Parks, gardens, open space	6.7%	Parks, gardens, open space	4.1%
Safety, policing and crime	3.9%	Footpath maintenance and repairs	4.1%
Bicycles and bike tracks	3.5%	Street lighting	4.1%
Street lighting	2.4%	Building, housing, planning and development	3.7%
Parking	2.0%	Safety, policing and crime	2.9%
Public transport	2.0%	Street trees	2.9%
Footpath maintenance and repairs	2.0%	Public transport	2.5%
Community activities and events	2.0%	Public health / medical facilities	2.1%
All other issues	22.0%	All other issues	24.7%

English speaking		Non-English speaking	
Parks, gardens, open space	4.9%	Parks, gardens, open space	7.3%
Sports and recreation facilities	4.9%	Safety, policing and crime	7.3%
Bicycles and bike tracks	3.4%	Traffic management	6.4%
Street lighting	3.1%	Building, housing, planning and developm	3.6%
Footpath maintenance and repairs	2.8%	Public transport	3.6%
Safety, policing and crime	2.3%	Footpath maintenance and repairs	3.6%
Street trees	2.3%	Street lighting	3.6%
Public transport	2.1%	Noise	2.7%
Traffic management	2.1%	Quality and provision of local shops	2.7%
All other issues	25.0%	All other issues	21.8%

Persons with a disability or long-term illness		Persons without a disability or long-term illness	
Parks, gardens, open space	6.5%	Footpath maintenance and repairs	5.1%
Safety, policing and crime	4.0%	Sports and recreation facilities	5.1%
Sports and recreation facilities	4.0%	Traffic management	4.1%
Street lighting	3.2%	Noise	3.1%
Bicycles and bike tracks	3.2%	Parking	2.0%
Traffic management	2.7%	Public transport	2.0%
Building, housing, planning and development	2.5%	Street lighting	2.0%
Public transport	2.5%	Public health / medical facilities	2.0%
Footpath maintenance and repairs	2.5%	Street trees	2.0%
All other issues	24.1%	All other issues	24.5%



Respondent profile

The following section provides the demographic profile of the respondents surveyed for the *Kingston City Council – 2016 Health and Wellbeing Survey*.

Age structure

The age structure of respondents to the 2016 survey was relatively similar to that recorded in 2012. It is noted that the 2016 sample includes a slightly smaller proportion of adults (aged 36 to 45 years) and a slightly larger proportion of senior citizens (aged 76 years and over).

Age structure
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Age	2016		2012	North	Central North	Central South	South
	Number	Percent					
15 - 24 years	30	6.0%	6.1%	8.3%	7.7%	6.0%	1.7%
25 - 35 years	80	16.0%	16.6%	22.1%	11.0%	18.1%	14.1%
36 - 45 years	108	21.6%	25.4%	21.6%	27.8%	18.9%	17.3%
46 - 55 years	94	18.8%	19.9%	19.6%	19.4%	12.2%	23.9%
56 - 75 years	134	26.8%	25.8%	20.6%	23.6%	33.6%	29.9%
76 years and over	54	10.8%	6.3%	7.8%	10.5%	11.2%	13.1%
Total	500	100%	512	111	147	120	122

Gender

The 2016 survey obtained an almost fifty-fifty gender split between male and female respondents. This is a significant improvement over the 2012 sample that obtained a sample of approximately two-thirds female respondents and one-third male respondents.

Gender
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Gender	2016		2012	North	Central North	Central South	South
	Number	Percent					
Male	255	51.2%	36.9%	61.1%	52.7%	49.0%	42.7%
Female	243	48.8%	63.1%	38.9%	47.3%	51.0%	57.3%
Other	0	0.0%	n.a	0.0%	0.0%	0.0%	0.0%
Prefer not to say	2		0	0	0	0	2
Total	500	100%	512	111	147	120	122



Language spoken at home



Consistent with the results recorded in 2012, a little less than four-fifths (77.9% down from 79.4%) of respondents were from English speaking households, and a little more than one-fifth were from non-English speaking households.

The most common language regions spoken at home by respondents were southern European languages (7.8% up from 5.5%) which are mainly Greek and Italian.

A small number of respondents were from households speaking eastern Asian languages (mainly forms of Chinese), and southern Asian (mainly Indian languages).

There was some significant variation in these results observed across the four regions comprising the City of Kingston, with particular attention drawn to the measurably higher proportion of respondents from non-English speaking households from North. Respondents from North were a little less than twice as likely as the average to be from households speaking southern European languages.

Language (regional) spoken at home
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent respondents providing a response)

Language	2016		2012	North	Central North	Central South	South
	Number	Percent					
English	388	77.9%	79.4%	55.2%	82.7%	85.8%	85.2%
Southern European	38	7.8%	5.5%	12.4%	6.4%	8.2%	4.5%
Eastern Asian	14	2.8%	2.1%	5.5%	4.8%	0.6%	0.0%
Southern Asian	13	2.6%	3.4%	6.8%	1.0%	1.8%	1.4%
Southeast Asian	11	2.1%	2.5%	7.4%	0.0%	0.3%	1.8%
Southwest Asian and North African	9	1.9%	1.2%	4.3%	0.6%	2.3%	0.9%
Eastern European	8	1.7%	2.1%	1.9%	2.1%	1.0%	1.7%
Northern European	5	1.0%	0.6%	0.0%	1.7%	0.0%	2.1%
Other languages	1	0.2%	0.5%	0.9%	0.0%	0.0%	0.0%
Other languages n.f.d	1	0.2%	0.6%	0.0%	0.0%	0.0%	0.9%
Multiple languages	9	1.8%	2.1%	5.6%	0.7%	0.0%	1.4%
Not stated	2		1	1	0	0	1
Total	500	100%	512	111	147	120	122

The following table provides a regional breakdown of these results for each individual language.



Language spoken at home
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent respondents providing a response)

Language	2016		2012	North	Central North	Central South	South
	Number	Percent					
English	388	77.9%	79.4%	55.1%	82.7%	85.9%	85.1%
Greek	24	4.8%	2.2%	10.7%	4.3%	4.3%	0.9%
Italian	10	2.0%	1.6%	1.3%	1.7%	2.2%	2.8%
Hindi	7	1.4%	2.0%	3.3%	0.6%	1.8%	0.0%
Mandarin	6	1.2%	0.2%	2.5%	2.1%	0.3%	0.0%
Arabic	5	1.0%	0.4%	2.3%	0.6%	0.8%	0.9%
Chinese n.f.d	5	1.0%	0.3%	0.7%	2.7%	0.0%	0.0%
German	4	0.8%	0.4%	0.0%	1.3%	0.0%	1.3%
Vietnamese	3	0.6%	1.0%	2.3%	0.0%	0.3%	0.0%
Cantonese	2	0.4%	0.6%	1.9%	0.0%	0.0%	0.0%
Indonesian	2	0.4%	0.1%	1.2%	0.0%	0.0%	0.8%
Khmer	2	0.4%	0.6%	1.9%	0.0%	0.0%	0.0%
Malayalam	2	0.4%	0.6%	1.2%	0.0%	0.0%	0.8%
Polish	2	0.4%	0.3%	0.0%	0.0%	1.0%	0.8%
Spanish	2	0.4%	0.8%	0.0%	0.0%	1.4%	0.0%
Tagalog (Filipino)	2	0.4%	0.1%	2.1%	0.0%	0.0%	0.0%
Turkish	3	0.6%	0.3%	2.0%	0.0%	1.1%	0.0%
Dutch	1	0.2%	0.1%	0.0%	0.0%	0.0%	0.8%
French	1	0.2%	1.2%	0.4%	0.0%	0.3%	0.0%
Hungarian	1	0.2%	0.4%	0.7%	0.0%	0.0%	0.0%
Japanese	1	0.2%	0.6%	0.4%	0.0%	0.0%	0.0%
Korean	1	0.2%	0.4%	0.0%	0.0%	0.3%	0.0%
Punjabi	1	0.2%	0.3%	1.2%	0.0%	0.0%	0.0%
Russian	1	0.2%	1.2%	0.0%	0.0%	0.0%	0.9%
Sinhalese	1	0.2%	0.1%	0.4%	0.4%	0.0%	0.0%
Tamil	1	0.2%	0.4%	0.0%	0.0%	0.0%	0.9%
Thai	1	0.2%	0.6%	0.0%	0.0%	0.0%	0.9%
Portugese	2	0.3%	0.0%	0.0%	0.4%	0.0%	0.8%
Ukranian	2	0.3%	0.0%	0.0%	1.0%	0.0%	0.0%
Finnish	1	0.3%	0.0%	1.2%	0.0%	0.0%	0.0%
Shona	1	0.2%	0.0%	0.9%	0.0%	0.0%	0.0%
Czech	1	0.2%	0.0%	0.0%	0.7%	0.0%	0.0%
Urdu	1	0.1%	0.0%	0.7%	0.0%	0.0%	0.0%
Frisian	1	0.1%	0.0%	0.0%	0.4%	0.0%	0.0%
Bosnian	1	0.1%	0.0%	0.0%	0.4%	0.0%	0.0%
Persian	1	0.2%	0.0%	0.0%	0.0%	0.3%	0.0%
Multiple	9	1.8%	2.2%	5.6%	0.7%	0.0%	1.4%
Other languages n.f.d	1	0.2%	1.6%	0.0%	0.0%	0.0%	0.9%
Not stated	2		1	1	0	0	1
Total	500	100%	100%	111	147	120	122



Disability



Respondents were asked:

“Do you have a permanent or long-term disability?”

This question relating to disability was measurably modified from that included in the 2012 survey. In 2012 the survey asked if respondents were from a household that had a member with a permanent or long-term disability. In 2016, this question asked if the individual respondent had a permanent or long-term disability and further asked respondents to identify the type of disability from a precoded list.

Almost one-fifth (19.6%) of respondents identified as having a permanent or long-term disability or illness, with the most common form of disability being physical disability / limited mobility (8.2%), a long-term illness (7.8%), or vision impairment (7.4%).

There was some variation observed in the level and type of the permanent or long-term disability or illness observed across the four regions comprising the City of Kingston, with attention drawn to the following:

- ⊗ **North** – respondents were measurably less likely to identify as having a permanent or long-term disability or illness.
- ⊗ **Central North** – respondents were somewhat less likely than average to identify as having a long-term illness.
- ⊗ **Central North** and **Central South** – respondents were marginally more likely than average to identify as having a vision impairment.

Permanent or long-term disability or illness by region
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of total respondents)

Disability	City of Kingston		North	Central North	Central South	South
	Number	Percent				
Physical / limited mobility	41	8.2%	2.8%	9.3%	9.2%	10.7%
Long term illness	39	7.8%	10.7%	2.0%	8.5%	11.4%
Vision impairment	37	7.4%	1.2%	10.9%	10.4%	5.7%
Hearing impairment	15	3.0%	0.4%	3.3%	4.0%	3.7%
Mental health or psychological	6	1.2%	0.9%	1.0%	1.1%	1.7%
Acquired brain injury (ABI)	2	0.4%	0.0%	1.0%	0.0%	0.0%
Learning or intellectual	0	0.0%	0.4%	0.0%	0.0%	0.0%
None	402	80.4%	86.7%	79.4%	77.3%	78.7%
Total responses	542		114	157	132	137
<i>Respondents with a disability / illness</i>	<i>98 (19.6%)</i>		<i>13.3%</i>	<i>20.6%</i>	<i>22.7%</i>	<i>21.3%</i>

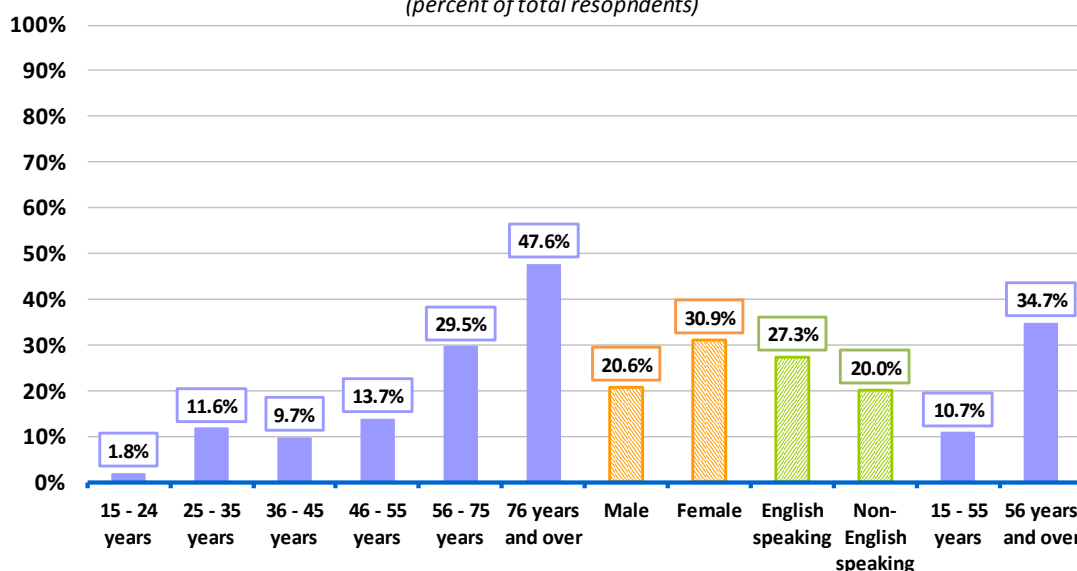


There was significant variation in the propensity of respondents to identify as having a permanent or long-term disability or illness observed by respondent profile, with attention drawn to the following:

- ⊗ **Adolescents and young persons (aged 15 to 25 years)** – respondents were measurably less likely than average to identify as having a permanent or long-term disability or illness.
- ⊗ **Older adults and senior citizens (aged 56 years and over)** – respondents were measurably and significantly more likely than average to identify as having a permanent or long-term disability or illness.
- ⊗ **Female** – respondents were measurably more likely than male respondents to identify as having a permanent or long-term disability or illness.
- ⊗ **English speaking** – respondents from English speaking households were somewhat more likely than respondents from non-English speaking households to identify as having a permanent or long-term disability or illness.

Particular attention is drawn to the fact that respondents aged 56 years and over were more than three times as likely to identify as having a permanent or long-term disability or illness than were respondents aged from 15 to 55 years.

Permanent or long-term disability or illness by respondent profile
Kingston City Council - 2016 Health and Wellbeing Survey
 (percent of total respondents)





Require assistance with a disability or long-term illness



Respondents with a disability or long-term illness were asked:

“If you have a permanent or long-term disability, do you require any assistance in living with your disability?”

Almost three-quarters (73.7%) of the ninety-nine respondents identifying as having a permanent or long-term disability or illness reported that they require no assistance in living with their disability or illness.

A little less than one-sixth (16.2%) of respondents with a disability or long-term illness reported that they require “a little assistance” with their disability or illness.

Metropolis Research notes that some variation is evident in these results at the region level; however given the very small sample size of respondents with a permanent or long-term disability or illness at the region level, some caution should be exercised in the interpretation of these region results.

Require assistance with a long-term disability or illness
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	City of Kingston		North	Central North	Central South	South
	Number	Percent				
No assistance	73	73.7%	74.1%	91.8%	61.4%	67.9%
A little assistance	16	16.2%	12.9%	5.0%	22.4%	23.9%
Need help with daily tasks	7	7.1%	13.0%	3.2%	6.4%	8.2%
Full time support / care	3	3.0%	0.0%	0.0%	9.8%	0.0%
Total	99	100%	15	30	27	26



Employment status

Consistent with the slightly higher proportion of senior citizens included in the sample in 2016 compared to 2012, the proportion of retired respondents increased somewhat between 2012 and 2016 (29.7% up from 20.1%), whilst the proportion of respondents engaged in employed declined somewhat (51.2% down from 57.3%).

Employment status
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Response	2016		2012	North	Central North	Central South	South
	Number	Percent					
Employed full time	176	35.6%	34.6%	40.3%	33.3%	33.7%	35.9%
Employed part time / casually	77	15.6%	22.7%	12.1%	15.0%	14.2%	20.6%
Self employed	28	5.7%	5.3%	6.4%	6.9%	3.3%	5.7%
Full time studies	18	3.6%	2.9%	7.3%	2.3%	3.5%	1.7%
Part time studies	4	0.8%	0.2%	1.5%	1.0%	0.6%	0.0%
Employed and studying	4	0.8%	1.0%	0.0%	2.3%	0.8%	0.0%
Unemployed seeking work	12	2.4%	3.7%	2.1%	3.0%	2.5%	2.3%
Retired	147	29.7%	20.1%	21.7%	28.6%	38.9%	29.3%
Home duties	24	4.8%	7.6%	5.2%	7.6%	2.5%	3.7%
Disability pension / workcover	4	0.8%	n.a	2.5%	0.0%	0.0%	0.8%
Other	1	0.2%	2.0%	0.9%	0.0%	0.0%	0.0%
Not stated	5		0	1	0	1	3
Total	500	100%	512	111	147	120	122

Period of residence

There was an increase in the proportion of long-term residents of ten years or more (up from 43.4% to 57.4%). This may, at least in part be influenced by the slightly older age structure of respondents in 2016 than in 2012.

Period of residence in the City of Kingston
Kingston City Council - 2016 Health and Wellbeing Survey
(Number and percent of respondents providing a response)

Period	City of Kingston		North	Central North	Central South	South
	Number	Percent				
Less than one year	44	8.8%	14.9%	8.3%	7.4%	5.2%
One to less than five years	99	19.9%	25.5%	19.6%	19.1%	15.7%
Five to less than ten years	69	13.9%	16.2%	14.7%	11.1%	13.4%
Ten years or more	286	57.4%	43.4%	57.5%	62.4%	65.7%
Not stated	2		0	0	0	2
Total	500	100%	111	147	120	122



Household structure



There was a slightly higher proportion of sole person and couple-only households, and a slightly smaller proportion of two-parent families.

Household structure
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent of respondents providing a response)

Structure	2016		2012	North	Central North	Central South	South
	Number	Percent					
Two parent family total	226	46.0%	54.7%	42.9%	53.4%	47.4%	38.0%
youngest child 0 - 4 yrs	49	10.0%	18.2%	12.1%	8.7%	10.0%	9.2%
youngest child 5 - 12 yrs	58	11.8%	16.0%	12.6%	14.2%	6.9%	13.2%
youngest child 13 - 18 yrs	52	10.6%	9.9%	6.0%	17.2%	11.4%	5.4%
adult children only	67	13.6%	10.5%	12.2%	13.3%	19.1%	10.2%
One parent family total	27	5.5%	6.9%	5.1%	5.4%	5.1%	6.2%
youngest child 0 - 4 yrs	1	0.2%	0.8%	0.0%	0.0%	0.3%	0.0%
youngest child 5 - 12 yrs	10	2.0%	0.6%	1.8%	2.1%	2.8%	1.7%
youngest child 13 - 18 yrs	5	1.0%	2.6%	2.9%	0.6%	0.0%	0.8%
adult children only	11	2.2%	3.0%	0.4%	2.7%	2.0%	3.7%
Couple only household	119	24.2%	20.8%	23.4%	21.5%	26.9%	26.1%
Group household	34	6.9%	4.0%	13.2%	3.1%	4.4%	8.4%
Sole person household	76	15.5%	13.1%	13.3%	15.9%	14.9%	17.6%
Other families	9	1.8%	0.6%	2.1%	0.7%	1.1%	3.6%
Not stated	9		7	0	0	4	5
Total	500	100%	512	111	147	120	122

Housing situation

Almost half (49.8%) of respondents reported that they own their home outright, with a little more than one-quarter (28.4%) having a mortgage, and one-fifth (21.1%) renting either privately or publicly.

Housing situation
Kingston City Council - 2016 Health and Wellbeing Survey
 (Number and percent of respondents providing a response)

Situation	City of Kingston		North	Central North	Central South	South
	Number	Percent				
Own this home	233	49.8%	46.4%	54.9%	49.5%	46.7%
Mortgage	133	28.4%	15.1%	32.5%	29.6%	33.5%
Renting (private)	91	19.4%	34.2%	11.9%	20.9%	14.7%
Renting (public)	8	1.7%	4.3%	0.0%	0.0%	3.1%
Long-term lease (e.g. Retirement Village)	3	0.6%	0.0%	0.7%	0.0%	2.0%
Not stated	32		12	2	8	11
Total	500	100%	111	147	120	122



General comments

Respondents were asked:

“Do you have any other comments you would like to make?”

The following table provides the open-ended general comments received from respondents to the *Kingston City Council – 2016 Health and Well-Being Survey*.

General comments
Kingston City Council - 2016 Health and Well-being Survey
(Number of responses)

Comments	Number
Improve street lighting	3
Better transport services. There is only one bus to the city and surrounding areas	2
Housing is too expensive	2
Why are the rates so high compared to other areas?	2
A bit worried about over-development. Hotels going up too high and the beach front	1
An increased of density dwellings increases parking or traffic worries and safety issues especially regarding emergency vehicles	1
Appreciate the questionnaire	1
Biggest issue is the homeless	1
Enforce people's vegetation don't cover the streets	1
Fix up Crown Rd, there are inappropriate developments	1
I like the streets swept more often during winter time, when the leaves fall	1
Improve bus services, more frequent stops	1
Look after the future of the community	1
More frequent bus routes to the station	1
More grocery stores in the area	1
More gyms in the area. Need to travel an hour to go to the gym	1
More student events, young people's club	1
No Sky-Rail please	1
Not really safe at train station	1
Pavement	1
Please improve the internet	1
Protect Heights Park. Actively maintain indigenous areas	1
Visual arts	1
Would be good to have things for older people	1
Total	29



Appendix one - survey form



Kingston City Council - 2016 Health & Well-being Survey

1

On a scale of 1 (strongly disagree) to (strongly agree), please rate your agreement with the following statements.

	<i>Strongly disagree</i>		<i>Neutral</i>		<i>Strongly agree</i>	<i>Can't say</i>
1. I play an active role in my community	1	2	3	4	5	99
2. There are opportunities to have a real say on issues that are important to me	1	2	3	4	5	99
3. I like the look and feel of my local area	1	2	3	4	5	99
4. I am satisfied with the quality of the parks, playgrounds and open spaces in my local area	1	2	3	4	5	99
5. I have access to fresh and affordable food to meet my household's needs	1	2	3	4	5	99
6. Alcohol consumption has a negative impact on my household	1	2	3	4	5	99
7. Illegal drugs have a negative impact on my household	1	2	3	4	5	99
8. Over the counter and / or prescription medications have a negative impact on my household	1	2	3	4	5	99
9. I am exposed to smoky environments at least once a week	1	2	3	4	5	99
10. Online gambling has a negative impact on my household	1	2	3	4	5	99
11. Pokies have a negative impact on my household	1	2	3	4	5	99
12. Other forms of gambling have a negative impact on my household	1	2	3	4	5	99
13. I feel confident I know how to protect myself against sexually transmitted infections	1	2	3	4	5	99
14. In times of need I could turn to the neighbours for help	1	2	3	4	5	99
15. I sometimes feel isolated and out of contact with other people	1	2	3	4	5	99
16. I am able to manage stress most of the time	1	2	3	4	5	99
17. I feel a strong sense of belonging to a community	1	2	3	4	5	99
18. I feel a sense of optimism about the future	1	2	3	4	5	99
19. There are adequate community services available in the local area	1	2	3	4	5	99
20. It's easy to find out what services are available to residents in the local area	1	2	3	4	5	99
21. I have access to a GP in my local area	1	2	3	4	5	99
22. I have access to dental services in my local area	1	2	3	4	5	99
23. I have access to mental health services locally	1	2	3	4	5	99
24. I have access to other medical / health services in my local area (<i>e.g. physio, podiatry, psychologists</i>)	1	2	3	4	5	99
If less than 3, what services are not available						

2

On a scale of 1 (very poor) to 5 (excellent), please rate your level of:

	Poor	Fair	Good	Very Good	Excellent	Can't say
1. Physical health	1	2	3	4	5	9
2. Mental health	1	2	3	4	5	9

3

Overall, would you say your health and well-being is getting?

(please circle as many as appropriate)

Much better	5	Worse	2
Better	4	Much worse	1
Staying the same	3	Can't say	9

4

How many times per week do you usually do thirty minutes or more of moderate physical activity that increases your heart rate or makes you breath harder than normal?

(e.g. walking, carrying light loads, bicycling at regular pace)

Five times per week or more	1	Once a week	5
Four times per week	2	None	6
Three times per week	3	Can't say	9
Two times per week	4		

5

How often do you typically visit local parks, gardens or reserves?

Daily	1	Rarely	4
Regularly (at least once a week)	2	Never	5
Occasionally	3	Can't say	9

6

In the past week, have you walked or cycled to the local shops or local facilities?

Yes - at least once	1	No	3
Yes - more than once	2	Can't say	9

7

Do you consider yourself to be a smoker?

Yes - a regular smoker	1	Have quit smoking	4
Yes - an occasional or "social" smoker	2	time since quitting _____	
No - not a smoker	3	Can't say	9

8

In the past week, did you consume the following?

	Yes	No	Can't say
At least two servings of fruit every day	1	2	9
Five servings of vegetables every day	1	2	9

9

Are you actively involved in your local community in either of the following ways?

	<i>Yes</i>	<i>No</i>	<i>Can't say</i>
I am an active member of a club or community group	1	2	9
I volunteer regularly	1	2	9

10

Would this household be able to access at least \$2,000 in an emergency?

Yes	1	Can't say	9
No	2		

11

On a scale of 1 (strongly disagree) to (strongly agree), please rate your agreement with the following statements.

	<i>Strongly disagree</i>		<i>Neutral</i>		<i>Strongly agree</i>	<i>Can't say</i>
1. I feel safe walking in my local area during the day	1	2	3	4	5	99
2. I feel safe walking in my local area at night	1	2	3	4	5	99
3. I feel safe at public transport locations	1	2	3	4	5	99
4. I feel safe at the foreshore, in parks or reserves during the day	1	2	3	4	5	99
5. I feel safe at the foreshore, in parks or reserves at night	1	2	3	4	5	99
6. I feel safe at shopping centres	1	2	3	4	5	99
7. I feel safe in industrial precincts	1	2	3	4	5	99
8. I feel safe online (using the Internet)	1	2	3	4	5	99

If any of these rated less than 3, please say why?

12

What three things could be improved or changed in your local area that would support or improve your health and well-being?

Issue One:	
Issue Two:	
Issue Three:	

13

Which, if any, of the following actions do you believe are examples of family violence?

<i>Action</i>	<i>Never</i>	<i>Sometimes</i>	<i>Always</i>	<i>Can't say</i>
1. A family member hitting, choking or throwing objects at another	1	2	3	<i>Can't say</i>
2. A family member forcing another to engage in sexual activities against their will	1	2	3	<i>Can't say</i>
3. A family member repeatedly calling another names or putting them down	1	2	3	<i>Can't say</i>
4. A family member checking up on another by following them or constantly calling or texting them resulting in them feeling distressed or fearful (<i>e.g. at work, calling family/friends</i>)	1	2	3	<i>Can't say</i>
5. A family member withholding or threatening to withhold the necessary living expenses of a person or child	1	2	3	<i>Can't say</i>
6. A family member controlling where another goes or who they see	1	2	3	<i>Can't say</i>
7. A family member preventing another from worshipping in their desired faith	1	2	3	<i>Can't say</i>

14

Do you have a permanent or long-term disability?

(Please circle as many as appropriate)

Vision impairment	1	Physical disability / limited mobility	5
Hearing impairment	2	Acquired brain injury (ABI)	6
Learning or intellectual disability	3	Long term illness	7
Mental health or psychological condition	4	None	9

15

If you have a permanent or long-term disability, do you require any assistance in living with your disability?

(Please circle one only)

No assistance	1	Need help with daily tasks	3
A little assistance	2	Full time support / care	4

16

Please indicate which of the following best describes you.

(Please circle one only)

15 - 24 Years	1	46 - 55 Years	4
25 - 35 Years	2	56 - 75 Years	5
36 - 45 Years	3	76 Years or Over	6

17

With which gender do you identify?

Male	1	Other (<i>e.g. transgender, intersex</i>)	3
Female	2	Prefer not to say	4

18

Do any members of this household speak a language other than English at home?

English only 1 Other : _____ 2

19

What is the structure of this household?

(Please circle one only)

Two parent family (<i>youngest 0 - 4 yrs</i>)	1	One parent family (<i>youngest 13-18 yrs</i>)	7
Two parent family (<i>youngest 5 - 12 yrs</i>)	2	One parent family (<i>adult child only</i>)	8
Two parent family (<i>youngest 13 - 18 yrs</i>)	3	Group household	9
Two parent family (<i>adult child only</i>)	4	Sole person household	10
One parent family (<i>youngest 0 - 4 yrs</i>)	5	Couple only household	11
One parent family (<i>youngest 5 - 12 yrs</i>)	6	Other (<i>please specify</i>): _____	12

20

What is your current employment status?

(Please circle one only)

Employed full time	1	Employed and studying	6
Employed part time / casually	2	Unemployed seeking work	7
Self employed	3	Retired	8
Full time studies	4	Home duties	9
Part time studies	5	Other (<i>please specify</i>): _____	10

21

How long have you lived in the City of Kingston?

(Please circle one only)

Less than one year	1	Five to less than ten years	3
One to less than five years	2	Ten years or more	4

22

What is your current housing situation?

(Please circle one only)

Own this home	1	Renting from the Office of Housing	4
Mortgage (<i>paying off this home</i>)	2	Long-term lease (<i>e.g. retirement village</i>)	5
Renting this home	3	Can't say / prefer not to say	9

23

Do you have any other comments you would like to make?

THANK YOU FOR YOUR TIME AND FEEDBACK